

## DoD Space Planning Criteria for Health Facilities

### Primary Care / Family Practice

#### **3.1.1. PURPOSE AND SCOPE:**

This section sets forth space planning criteria for the Primary Care / Family Practice Clinical Services in military health care facilities. Primary care clinics include: family practice clinics, general outpatient clinics, pediatric clinics, physical examination sections, adolescent clinics and well baby clinics. This section provides criteria for the family practice clinics, general outpatient clinics and physical examination sections. A separate section (see section 3.3) provides criteria for pediatrics, adolescent and well baby clinics.

#### **3.1.2. DEFINITIONS:**

**Clinic Visit:** A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of either examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

**Family Practice:** A specifically trained and certified specialty of medicine, which provides healthcare to all members of a family unit. In addition to providing general medical care, family practitioner may provide obstetrics care, pediatrics, minor surgical, psychiatric and geriatrics care.

**Family Practice Residency Program Center:** The primary setting for a residency program for training in the knowledge, skills, and attitudes of family practice is a family practice center. At such a location, each resident must provide continuing, comprehensive care to a panel of patient families.

**Primary Care Clinic:** A primary care clinic may be referred by various names (troop medical clinic, adult clinic, family practice clinic, adolescent clinic, pediatric clinic and others). A primary care clinic provides the office, examination and treatment space for "primary care managers" in the military healthcare system.

**Primary Care Manager (PCM):** A primary care manager is a medical provider, such as a primary care physician, family physician, family nurse practitioner, internist or pediatrician, who provides primary care and family medicine services to empanelled TRICARE patients, and who supervises the patients' overall health and wellness.

**Primary Care Physician:** Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists. (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999)

**Provider:** An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners.

#### **3.1.3. POLICIES:**

**Primary Care Provider Team Size:** The size of a primary care provider team is not dictated by this criteria. For the purposes of programming space, provider teams will be eight providers each. The number of teams is established as the total number of providers divided by eight (8) and rounded up to the next higher number when the remainder is 4 or more.

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**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.).

**Physical Examination:** A separate physical examination section will be provided when workload exceeds an average of 100-150 exams per week (20/day). Do not include Family Practice, pediatric or adolescent medicine physical examination when determining the need of a physical examination section.

**Team Sizing Criteria:** The size of a provider team may vary. See additional information provided in "Section 3.2 – Clinic of the Future" and "Section 3.3

#### **3.1.4. PROGRAM DATA REQUIRED:**

Is this a Free Standing Clinic or is it a clinic within a hospital or medical center?  
 Is this the center for a Family Practice Residency Program?  
 Number of primary care providers programmed.  
 If a freestanding clinic, is there a radiology technician (FTE) assigned?  
 If a freestanding clinic, how many medical records technician (FTEs)?  
 If a freestanding clinic, how many appointment clerks assigned?  
 If a freestanding clinic, how many personnel (FTEs) are projected to staff the immunization room (give injections)?  
 Projected number of immunizations per year.  
 Will immunizations be sent to another clinic, i.e. a hospital immunization clinic?  
 Will ECGs be done in this clinic?  
 Projected ECG tests per year.  
 Is an audiologist or an audiology tech. assigned to this clinic?  
 Is a mental health provider assigned to this clinic?  
 Will proctoscopic procedures be done in this clinic?  
 Will an optometry technician be assigned to this clinic?  
 What is the number of physical examinations accomplished per week?  
 Maximum number of FTE residents seeing patients in the clinic at one time?  
 Is a Social Worker assigned to this clinic?  
 Is there a Residency Research Technician assigned?

#### **3.1.5. SPACE CRITERIA:**

**Primary Care Clinic Space Requirements:** The following lists indicate functions that are normally required, the basis for planning and the planning range for freestanding clinics and clinics in DoD hospitals and medical centers. Taken with other portions of the DoD Space Planning Criteria, this section also provides the basis for freestanding clinics.

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration (Section 2.1).

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**Provider Teams:** Many military Primary Care Clinics use the concept of “Provider Teams” to enhance continuity of care to an identified patient population (empanelled). Such teams are most effective when they are associated with a defined area of the clinic. When teams are used, there may be an increased need for such areas as Weights and Measures or Team Reception Stations. The use of Primary Care Provider Teams must be stated to include the size of the team.

**Ambulance Dispatch Area:** The criteria for ambulance dispatch and on-call rooms is provided in a separate section, Section 3.5, Emergency Services. If no emergency services department exists, then provisions for this space may need to be located in the Primary Care/ Family Practice area.

**Physical Examination:** In computing workstations, any fraction of 0.4 or over may be converted to the next higher number. A minimum of one of each workstation is required unless otherwise noted.

**Functions Unique to a Freestanding Primary Care Clinic** (not within a hospital or Medical Center):

Note: Program this area for a freestanding clinic in addition to the areas found in the section titled, Functions Common to both a Freestanding Primary Care Clinic and a Primary Care Clinic Found in a Hospital or Medical Center.

There are two general types of freestanding clinics. There are clinics, which are located on the same installation as a hospital or medical center. This happens more typically in the Army and Navy. There may be more than one such clinic on a military installation with a large beneficiary population (Fort Bragg, Fort Hood, Camp Pendleton). The other type of freestanding clinic occurs as the sole source of medical care on the installation, i.e. there is no hospital or medical center. The concept of operation for each of these clinics must be carefully considered. Where a clinic exists on an installation with a hospital or medical center, some services may not be programmed into the clinic because patients are referred to the hospital or medical center for diagnostic care (lab work, radiology, pharmacy, etc.)

#### Functions Unique to a Free Standing Primary Care Clinic:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS			
Clinic Entrance	4.65	50	100 nsf of exterior covered space at the clinic main entrance, calculated as “half space”
Central Clinic Lobby	18.58	200	One per freestanding clinic
Clinic Information Desk	5.57	60	One per clinic with more than 15 providers FTEs.
Radiology Area	33.44	360	When radiology tech. assigned. See also Section 5.4.
Clinic Pharmacy	22.30	240	When Pharmacist assigned, See also Section 5.6.
Advise Nurse(s) Area	9.29	100	Minimum. When one nurse FTE, add 60 nsf per additional FTE projected.
Patient Resource Center			May be provided: see Section 2.2.

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#### Functions Unique to a Free Standing Primary Care Clinic (Continued):

<b>PATIENT AREAS</b>			
Patient Records Area		varies	When patient records tech. assigned, See section 2.5.
Appointments Clerks Area	9.29	100	100 nsf minimum. Add 80 nsf per clerk FTE above one.
Appointment Clerk Lounge	9.29	100	Only for areas with 8 or more clerks. 100 nsf minimum. Add 10 nsf for each five clerks over 10. 180 nsf maximum.

#### Functions Common to Both Free Standing Primary Care Clinics and Hospital/Medical Center Primary Care Clinics:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b>PATIENT AREAS</b>			
Central Waiting Area		varies	Provide 3.0 seats per provider. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). Note: this space can be divided into separate sick and well waiting areas.
Reception/Control	13.01	140	140 nsf per provider team when consolidated reception or one at 140 nsf per every 8 providers. Includes space for 2 technicians. When only 1 technician required, consolidate with adjacent department, where possible.
Screening, Weights and Measures, Adult Room	7.43	80	One per each 4 providers.
Screening, Weights and Measures, Pediatrics Room	11.15	120	One per each 8 providers, for pediatric services provided.
Provider's Exam Rooms	11.15	120	Two per provider (FTE) programmed.
Isolation Exam Room	13.01	140	One per clinic.
Dedicated Isolation Toilet	5.57	60	Single occupancy toilet with diaper changing counter.
Patient Toilets		varies	See Section 6.1

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#### Functions Common to Both Free Standing Primary Care Clinics and Hospital/Medical Center Primary Care Clinics (Continued):

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

#### STAFF AND SUPPORT AREAS

Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Provider's Office	11.15	120	One per provider (FTE) programmed.
Nurse Manager's Office	11.15	120	One per provider team.
Nurses' Workroom	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per provider team.
Education Nurse	11.15	120	One per FTE provided.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms
	13.94	150	If 16-30 exam/treatment rooms
	16.72	180	If >30 treatment rooms
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms
	13.94	150	If > 30 treatment rooms
Scope Wash Room	11.15	120	One per clinic.
Equipment Storage	9.29	100	1 per clinic.
Team Conference Room(s)	23.22	250	Minimum. One per provider team or every 8 provider FTE's. A provider team is 6 to 8
Litter/Wheelchair Storage	5.57	60	One per clinic.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Janitor's Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

#### TREATMENT AREAS

Treatment Room –general purpose	16.26	175	One per 6 providers.
Holding Room	16.26	175	One per clinic. Provide for small clinics with less than 12 providers
Treatment Room – two station	31.59	340	One per clinic. Provide for large clinics with over 12 or more providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Note: clinics have the option of providing two 175 nsf one-station treatment rooms instead of one 340 nsf two- station treatment room.

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**Functions, which require special considerations based on the concept of operation, the availability of staffing and the availability of these services, close by:**

Note: Immunization area may not be required if there is a separate immunization service in a hospital or medical center.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

#### **PATIENT AREAS**

Immunization Waiting Area		varies	16 nsf per space; 12 spaces per injection station, 5% of seating must be handicapped at 25 nsf per handicapped seat.
Immunization Room (see formula at the end of this section)		varies	One per primary care clinic when the primary care clinic is located in a medical treatment facility that has no Allergy/Immunization Clinic (Section 3.22) and this is the location where patients receive their immunizations.
Immunization Holding Area	9.29	100	One per immunization room.
Immunization/Allergen Room	11.15	120	One per primary care immunization/allergen service when a technician is assigned (FTE).
Audiobooth Room (also see section 3.10)			Dependent on availability of staffing.
One Person Audio Screening Booth	11.15	120	1 person, double wall booth, when no audiologist assigned. One per clinic when no audiology service available in same building.
Audio Booth Suite	34.84	375	An audiobooth suite is a two room, double wall booth. One per clinic when an audiology technician assigned and there is no other audiology service in the same building as the primary care clinic.
Optometric room	11.15	120	1 per clinic, if Optometry Specialty Clinic not programmed & Optometry Tech assigned.
Specimen Toilet	5.57	60	One per clinic with a laboratory. See Section 6.1.
Blood Drawing Area	11.15	120	One per clinic with authorized lab FTE.

#### **STAFF AND SUPPORT AREAS**

Orthopedic Appliance Modification, Preparation and Cast room	13.01	140	1 per clinic if Orthopedic Specialty clinic not programmed and orthopedic tech. assigned.
Laboratory (Mini. Lab.)	5.57	60	60 nsf minimum. One per clinic if satellite lab is approved in clinic concept of operations, or when laboratory staff FTE exist. 200 nsf maximum. Refer to Section 5.5 for main lab requirements.

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
TREATMENT AREAS			
Proctoscopic room	13.94	150	1 per clinic if medical or surgical specialty clinic not programmed.
Dedicated Toilet	5.57	60	1 per proctoscopic room.
ECG room	9.29	100	1 per clinic if medical specialty clinic not programmed.
Dedicated Dressing Cubicle	4.88	52	1 per ECG Room.

#### **Functions which are required for Residency Education in Family Practice:**

The following areas must be programmed if the MTF is the “Center” for a Family Practice Residency Program. These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
STAFF AND SUPPORT AREAS			
Director of Family Practice Residency	11.15	120	One per director of a Family Practice Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Family Practice Residency Program, if there is a projected FTE secretary position.
Family Practice Coordinator	11.15	120	One per Family Practice Program Coordinator if there is a projected FTE.
Family Practice Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Family Practice Resident’s Office Space	11.15	120	Minimum. 60 nsf per projected resident.
Family Practice Outpatient Records Room		varies	Provide space using the formula for outpatient records in Section 2.5. Decrease central outpatient records space by the amount programmed for Family Practice
Family Practice Office Library	22.29	240	One per Family Practice Residency Program.
Family Practice Laboratory		varies	Provide space based on Section 5.5.
Conference Room	37.16	400	One per Family Practice Residency Program.
Monitored Exam Rooms - subject & observer rooms.	11.15	120	This suite requires justification. Added upon request but not required.
	5.57	60	May use videotaped monitoring cameras instead of a mirror room.
Small Group Counseling Rooms	11.15	120	One per eight family practitioners and residents.

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#### Physical Examination Section with more than 20 examinations per day:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
PATIENT AREAS			
Waiting & Form Writing	7.43	80	80 nsf min., 16 per space. Number of spaces = phys exams per day / 2 (groups per day)
History Station	4.65	50	Per station, 1 station per 40 exams per day
Height & Weight	4.65	50	50 per station, 1 station per 100 exams per day.
Blood Pressure and Pulse Station	4.65	50	Per station, 1 station per 100 exams per day.
ECG Station	8.36	90	Per station, 1 station per 80 exams per day.
Specimen Toilet (wc, lav)	4.65	60	Single occupancy.
Urine Specimen Collection	6.50	70	1 per clinic.
Vision Testing (Screening only)	6.50	70	per station, 1 station per 60 exams per day
Optometric Eye Lane	13.00	140	1 per clinic if Optometric Clinic not programmed & no eyelane provided in Family Practice Clinic.
Audiobooth	10.22	110	1 man double wall booth (minimum requirement of physical examination service).
	19.51	210	4 man double wall booth if less than 48 hearing test per day and audiology technician assigned.
	24.16	260	6 man, double wall booth, if more than 48 hearing tests per day and an audiology technician is assigned.
Dental Check	8.36	90	Per station, 1 if number of physical exams per day exceeds 100 per day.
X-Ray Station	16.72	180	If number of physical exams per day exceeds 150 per day.
Radiology Viewing Room	8.36	90	1 per clinic when X-ray station is programmed.
ENT Exam Station	9.29	100	1 per clinic if ENT Specialty Clinic not programmed.
Waiting Between Stations & Int. Cir.	1.86	20	Minimum. 5% of Amt. of space required for stations.



## DoD Space Planning Criteria for Health Facilities

### Primary Care / Family Practice

#### Physical Examination Clinic with under 20 exams per day:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS			
Waiting & Form Writing (w/alcove)	13.01	140	1 per clinic
Reception Desk	9.29	100	1 per clinic.
Specimen Toilet	4.65	50	Minimum; single occupancy.
ECG with dressing booth	11.15	120	1 per clinic.
Weights & Measures	6.50	70	1 per clinic.
Blood Collection	4.65	50	1 per clinic.
Waiting between Stations & Int. Circulation	1.49	16	Per seat. Seats = $\frac{\text{avg. clinic visits per day} \times 0.02}{7 \text{ hours per day}}$

#### Formula for Immunization Room:

*Given:* One immunization (injection) station is 215 nsf (18' x 12').  
*Step One:* Determine the projected number of immunizations to be given weekly.  
 (Immun. per week)  
*Step Two:* Determine the hours of operation per week for the immunization service.  
 (svc. hours per week)  
*Step Three:* It is assumed that one staffed immunization station can administer 12 injections per hour. Determine the number of FTEs assigned to administer injections.  
*Step Four:* Apply numbers to formula.  

$$\text{Injection Stations} = (\text{immun./week}) / (12 \text{ immun./hour}) \times (\text{scv hours/week})$$

$$\text{Total NSF} = \text{Injection Stations} \times 215 \text{ nsf/station}$$

## DoD Space Planning Criteria for Health Facilities

### Pediatrics

#### **3.3.1. PURPOSE AND SCOPE:**

This chapter specifies the space planning criteria for outpatient pediatric services. These services include preventive, diagnostic and curative healthcare provided to children (under the age of 18 years). These services may be further subdivided into pediatric, well baby and adolescent services.

#### **3.3.2. DEFINITIONS:**

**Adolescent:** An adolescent is a teenager: a child between the ages of 13 to 18 years of age.

**Clinic Visit:** A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of either examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic, or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

**Patient Learning Resource Room:** A patient learning resource room provides patients with publications and access to computers connected to the internet to research diseases and health information.

**Pediatric Health Services:** Pediatrics is a branch of medicine dealing with the development, care and diseases of children.

**Primary Care Clinic:** A primary care clinic may be referred by various names (troop medical clinic, adult clinic, family practice clinic, adolescent clinic, pediatric clinic and well baby clinic). A primary clinic provides the office space for “primary care managers” in the military healthcare system.

**Primary Care Physician:** Generally applies to pediatricians, family physicians and general practitioners and occasionally includes obstetrician/gynecologists and internists (Source: DoD 6015-M, Glossary of Healthcare Terminology, 1999).

**Provider:** An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. Providers are physicians, physician's assistants and clinical nurse practitioners.

**Rotating Resident:** A rotating resident is one from any graduate medical education (GME) specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example, internal medicine residents are required to “do a rotation” in the OB/GYN service.

**Well Baby:** Well baby is a term used to designate an infant who receives routine healthcare examinations to determine if the infant is developing normally. Well baby visits may also include those visits made for routine immunizations.

#### **3.3.3. POLICIES:**

**Adolescent:** A separate adolescent clinic will be programmed when justified by work load. (2 Adolescent Medicine providers.

**Pediatric Clinic:** A pediatric clinic may be provided when there are a minimum of two pediatricians assigned.

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**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff, who have patient appointments, will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists and Commanders).

**Residents' Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education programs studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Office/Examination Rooms: Additional** office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they are see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these resident are not necessarily pediatric residents, family practice, internist and others residency programs may require a rotation in the pediatric clinic.

#### **3.3.4. PROGRAM DATA REQUIRED:**

Are there two or more providers (FTEs) for an adolescent clinic?
Will there be a separate adolescent clinic?
Number of providers programmed (pediatrics, adolescent)
Projected pediatric population (pediatric total, infant and adolescent)
Projected clinic visits per year (pediatric, adolescent).
Projected number of immunizations per year.
Number of nurses (FTEs) projected?
Number of child psychologist projected?
Number of social workers projected?
Is there a pediatric residency program?
Number of pediatric resident projected?
Maximum number of FTE residents (all types) seeing patients in the clinic at one time?
What are the maximum number of providers performing well-baby service at any given time?
Is there a Residency Research Technician?

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#### 3.3.5. SPACE CRITERIA:

**Note to Programmer:** The concept of operation is important to programming. It may be more practical, due to resource constraints in a small facility, to program only a pediatric clinic without a separate well baby or adolescent clinics. In a smaller facility, the well baby and adolescent clinic requirements may be met by using the same providers and scheduling these clinics at different times. Bear in mind that while scheduling can be an effective use of resources, there will always be a requirement for access to care for ill pediatric patients. In a single pediatric facility (i.e. one facility which provides well baby and/or adolescent services in the same facility via scheduling) there must be facilities to separate potentially infectious patients from the well baby patients.

If the concept of operation is to have separate clinics (sick versus well), then each clinic should be studied very carefully to maximize the sharing of resources and minimize the duplication of functions.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS			
Clinic Waiting/Play Area (Pediatric/Well Baby/Adolescent)		varies	Provide 5.0 seats per each provider FTE. <u>Main waiting</u> : Recommend providing 67% of space for a main waiting area. <u>Well waiting</u> : : Recommend providing 33% of space for a well waiting area. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting). If programming does not allow for separate services (well waiting vs. main waiting), then combine providers and waiting space appropriately.
Clinic Reception Station /Control Counter	13.01	140	140 nsf per provider team when consolidated reception, or one at 140 nsf per every 8 providers. Includes space for 2 technicians. When only 1 technician required, consolidate with adjacent department, where possible.
Infant Feeding Room	5.57	60	Minimum. One room per waiting area. Add 40 additional square feet for each ten waiting chairs in excess of 20.
Toy Storage Area	5.57	60	One per clinic.
Pediatric Play Room	11.15	120	One per clinic.
Screening/Weights and Measures Room	18.58	200	One per each 4 providers assigned.
Vision and Hearing Screening Room	11.15	120	One per clinic.

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FUNCTION	AUTHORIZED	
	m <sup>2</sup>	nsf
Provider's Exam Rooms	11.15	120
Isolation Exam Room	13.01	140
Isolation Toilet	5.57	60
Well Waiting - Immunization	11.15	120
Pediatric Immunization Waiting	11.15	120
Pediatric Immunization Room	11.15	120
Immunization Holding Area	18.58	200
Patient Learning Resource Room	11.15	120
Patient Toilets		varies
<b>STAFF AND SUPPORT AREAS</b>		
Administrative Office		varies
Provider's Office	11.15	120
Social Worker's Office	11.15	120
Nurse Manager's Office	11.15	120
Nurses' Work Room	11.15	120
NCOIC/LCPO/LPO Office	11.15	120
Clean Utility Room	11.15	120
	13.94	150
	16.72	180
Soiled Utility	8.36	90
	11.15	120
	13.94	150
Equipment Storage	9.29	100
Team Conference Room(s)	23.25	250
Conference Room	37.16	400
Staff Lounge		varies
Staff Lockers		varies
Staff Toilets		varies
Janitor's Closet	5.57	60
Litter/Wheelchair Storage	5.57	60

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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
<b><u>TREATMENT</u></b>			
Treatment Room	16.26	175	One per 6 providers, minimum one per clinic.
Treatment Room - two station	31.59	340	One per clinic. Provide for large clinics with over 12 or more providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Note: clinics have the option of providing two 175 nsf one-station treatment rooms instead of one 340 nsf two- station treatment room.
Digital Radiology Viewing and Automation Equipment Room	8.36	90	Special Justification required. 1 per clinic when radiology station is programmed.

#### **Functions which are required for Residency Education in Pediatrics:**

The following areas must be programmed if the MTF provides a Pediatrics Residency Program.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Pediatrics Residency	14.86	160	One per director of a Pediatrics Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Pediatrics Residency Program, if there is a projected FTE secretary position.
Pediatric Residency Coordinator	11.15	120	One per Pediatric Residency Program Coordinator, if there is a projected FTE.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Residents' Office Space	11.15	120	Minimum. 60 nsf per projected resident.
Pediatric Residency Office Library	22.29	240	One per Pediatric Residency Program.
Pediatric Residency Laboratory	11.15	120	One per clinic with authorized lab FTE.
Conference Room	37.16	400	One per Pediatrics Residency Program.
Rotating Resident's Office	11.15	120	One office for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Rotating Resident's Examination Room	11.15	120	Two examination rooms for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Small Group Counseling Rooms	11.15	120	One per eight Pediatricians and residents.

## DoD Space Planning Criteria for Health Facilities

### Women's Health

#### **3.6.1 PURPOSE AND SCOPE:**

This chapter specifies the space planning criteria for outpatient women's health services. These services include OB/GYN Clinic, Midwife Clinic, Family Planning and Women's Health Service, which may be provided in either this section and/or in other sections of this criteria. Examples of such services include: oncology, surgical services, counseling and women's imaging services with such procedures as ultrasound, mammography and bone densitometer.

**Note to the Programmer.** Decisions on a "clinic concept of operation" are especially important. There is a considerable range of services, which can be included under the title of "women's health." One option is to program a clinic, which provides obstetrics and gynecological services. This clinic could refer women elsewhere for such things as laboratory work, imaging, counseling and etc. Another option is to program a clinic, which provides a "one stop" location for all women's health services. Such an all-inclusive option would result in the programming of laboratory services, radiology/imaging services and counseling services in the women's health clinic. This option may also cross-traditional organizational lines, and personnel command chains of departments (OB/GYN, Surgery, Nursing, and Social Work Services). Care must be taken to avoid duplicate programming of equipment based on the same workload count - for example mammography units in both the clinic and the radiology department. Special attention should also be given to assuring that the resources (to include staffing) necessary to provide all services programmed are available, and fully supported by the command.

#### **3.6.2. DEFINITIONS:**

**Clinic Visit:** A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of either examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic, or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999).

**Patient Learning Resource Room:** A patient learning resource room provides patients with publications and access to computers connected to the Internet to research diseases and health information.

**Provider:** An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. Providers are physicians, physician's assistants, midwives and clinical nurse practitioners.

**Rotating Resident:** A rotating resident is one from any graduate medical education specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example, internal medicine residents are required to "do a rotation" in the OB/GYN service.

**Women's Health Services:** The concept of Women's Health Services includes two major elements. The first element provides for the outpatient services associated with preventive and curative medical care provided to women patients. This information is located in this section. The second element provides the inpatient services for women, to include the obstetric services and related birth services for newborns. This information is located in Section 4.2 and 4.3.

**Women's Health Clinic:** A clinic for women's health may include the following services: obstetrics, gynecology, breast examination/treatment, cervical cancer diagnosis/treatment and family planning. A clinic will normally include the following areas: waiting, reception, offices, examination rooms, special purpose rooms, imaging rooms, utility rooms, treatment rooms, storage space, linen rooms, conference rooms, lounges, and toilets.

## DoD Space Planning Criteria for Health Facilities

### Women's Health

#### **3.6.3. POLICIES:**

**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Each physician, physician's assistant, clinical nurse practitioner, midwife and allied scientist on the staff who have patient appointments, will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists and Commanders).

**Resident's Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these resident are not necessarily OB/GYN residents only, family practice, internist and others residency programs may require a rotation in the women's health clinic.

#### **3.6.4. PROGRAM DATA REQUIRED:**

Female population projections by beneficiary and age groups.
Projected clinic visits per year.
Distribution of clinic visits by clinic or service and beneficiary category.
Number of providers programmed.
Number of provider teams projected.
Projected number of births annually.
Distribution of practitioners by specialty and/or service.
Distribution of technicians by specialty or service.
Projected number of mammograms per year.
Projected number of immunizations per year.
Projected number of bone densitometer exams per year
Projected number of ultra sound examinations per year
Projected number of colposcopy examinations per year
Projected number of physical examinations per year.
Basis of projections.
Data used for individual studies of specific functions.
Projected number of OB/GYN residents.
Projected maximum number of rotating residents seeing patients in the clinic at one time.
Is there a qualified operator/technician assigned to the clinic for the following: a. Laboratory, b. Bone Densitometer, c. Fluoroscopy, d. Colposcopy, e. Ultrasound f. Stress Test and Fetal Monitoring, g. Mammography
Is there a Social Worker FTE assigned to this clinic?
Is there an OB/GYN graduate medical education (GME) program?
Are there residents from other GME programs who do rotations in this clinic?
Projected records = (eligible beneficiaries) x (1 + carry over)
Is there a Residency Research Technician?



## DoD Space Planning Criteria for Health Facilities

### Women's Health

#### 3.6.5 SPACE CRITERIA:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
<b><u>PATIENT AREAS</u></b>			
Clinic Waiting Area		varies	Provide 4.0 seats for each provider FTE. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Clinic Reception Station /Control Counter	13.01	140	140 nsf per provider team when consolidated reception or one at 140 nsf per every 8 providers. Includes space for 2 technicians. When only 1 technician required, consolidate with adjacent department, where possible.
Screening, Weights and Measures	11.15	120	One per each 10 providers assigned.
Provider’s Exam Rooms	11.15	120	Two per provider (FTE) programmed, also note resident examination rooms.
Patient Learning Resource Room	11.15	120	May be provided: see Section 2.2.
Group Therapy Room	18.58	200	One, when one or more social worker projected.
Patient Toilets		varies	See Section 6.1.
<b><u>STAFF &amp; SUPPORT AREAS</u></b>			
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Provider's Office	11.15	120	One per provider (FTE) programmed, also note resident offices.
Nurse Manager’s Office	11.15	120	One per clinic.
Nurses’ Work Room	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic.
Social Worker’s Office	11.15	120	One per social worker FTE projected.
Literature/Forms & AV Storage	9.29	100	One per clinic.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms.
	13.94	150	If 16-30 exam/treatment rooms.
	16.72	180	If >30 treatment rooms.
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms
	13.94	150	If > 30 treatment rooms.
Literature/Forms & AV Storage	9.29	100	One per clinic.
Family Planning Counselor Office	13.01	140	One per family planning counselor FTE projected.
Equipment Storage	9.29	100	One per clinic.
Team Conference Room(s)	23.25	250	Minimum. One per provider team or every 8 provider FTE. A provider team is 6 to 8 provider FTE’s.
Staff Lounge and Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair Storage	5.57	60	One per clinic.
Janitor’s Closet	5.57	60	One janitor’s closet per 10,000 nsf. See Section 6.1.

## DoD Space Planning Criteria for Health Facilities

### Women's Health

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
<b><u>TREATMENT AREAS</u></b>			
Specimen Collection Room	11.15	120	One per women’s clinic when no laboratory technician (FTE) projected.
Specimen Laboratory	18.58	200	One, if one or more laboratory technician (FTE) projected.
Specimen Toilet	5.57	60	One per clinic.
Bone Densitometer	11.15	120	One, if part of the concept of operation and if qualified operator projected.
Infertility Fluoroscopy Room	27.87	300	One, if part of the concept of operation and if qualified radiology technician (FTE) projected.
Fluoroscopy Toilet	5.57	60	One, if fluoroscopy room programmed.
Colposcopy Room	11.15	120	One if part of the concept of operation and if qualified technician (FTE) projected.
Ultrasound Room	11.15	165	One, if part of the concept of operation and if qualified radiology technician or qualified physician (FTE) projected.
Ultrasound Toilet	5.57	60	One if ultrasound programmed.
Non-Stress Test / Fetal Monitoring Room – single testing	11.15	120	One per clinic.
Non-Stress Test / Fetal Monitoring Suite	27.87	300	One, if part of concept of operation and if technician (FTE) qualified to administer testing is projected. Provide if more than 360 births per year projected. Includes 3 stations and one work station.
Mammography Room	11.15	120	One, if part of the concept of operation and if a qualified radiology technician (FTE) projected.
Mammography Daylight Processing Room	5.57	60	One per 1 to 5 mammography units programmed, additional processing room per every 5 additional mammography unit programmed. Use either daylight processing or film processing room, listed below, but not both.
Mammography Film Processing Room	10.22	110	One per 1 to 5 mammography units programmed, additional processing room per every 5 additional mammography unit programmed. Use either film processing room or daylight processing, listed above, but not both.

## DoD Space Planning Criteria for Health Facilities

### Women's Health

#### Functions, which are required for Residency Education in OB/GYN.

The following areas must be programmed if the MTF is the "Center" for an OB/GYN Residency Program.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of OB/GYN Residency	14.86	160	One per director of an OB/GYN Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of An OB/GYN Family Practice Residency Program, if there is a projected FTE secretary position.
OB/GYN Coordinator	11.15	120	One per Family Practice Program Coordinator if there is a projected FTE.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
OB/GYN Residents' Office	11.15	120	Minimum, 60 nsf per projected resident.
OB/GYN Residency Office Library	22.29	240	One per Family Practice Residency Program.
OB/GYN Residents' Laboratory		varies	Provide space based on Section 5.5.
Conference Room	37.16	400	One per OB/GYN Residency Program.
Small Group Counseling Rooms	11.15	120	One per eight obstetricians, gynecologist and residents.
Resident's Examination Room	11.15	120	Two examination rooms for each of the maximum number (at one time) of residents (all types) who see patients in the clinic.

## DoD Space Planning Criteria for Health Facilities

### Occupational Therapy Clinic

#### **3.8.1. PURPOSE AND SCOPE:**

This document sets forth the space planning criteria for occupational therapy services within the Department of Defense Health Care Facilities.

#### **3.8.2. DEFINITIONS:**

**Occupational Therapy (O.T.):** Is the use of purposeful activity with individuals who are limited due to physical injury or illness, psychosocial dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process in order to maximize independence, prevent disability and maintain health. The practice encompasses evaluation, treatment and consultation. Specific occupational therapy services include: diagnosis and treatment of upper extremity conditions (physician extender role); designing, fabricating or applying selected orthotic and prosthetic or selective adaptive equipment; using specifically designed crafts and exercises to enhance functional performance; administering and interpreting tests such as manual muscle and range of motion; teaching daily living skills; developing perceptual motor skills and sensory integrative functioning; developing play skills and prevocational and leisure capacities; health promotion and injury prevention education and treatment; and adapting environments for the physically and mentally challenged. These services are provided individually, in groups, or through social systems.

In addition to the above, service may include ergonomics/human factor consultation (work adjustment); work-site evaluation; development of avocational interests and leisure time skills; fabrication of orthotic and assistive devices; clinical education programs for therapist level and or assistant level students and research programs; evaluation and treatment for sensory integrative dysfunction. As appropriate, service may be extended beyond the occupational therapy module to provide home health visits and consultation services to community agencies supporting the military.

**Service:** A service in this context includes all functions and activities associated with accomplishing the Occupational Therapy mission. This service receives referrals from all medical specialties.

**Treatment Area for O.T.:** The major treatment area or patient care area is the general clinic area including daily life skills area, evaluation areas, and work adjustment/hardening equipment area. Space requirements for the above treatment areas are calculated on the basis of projected patient visits per month. When computing actual space requirements, the resulting figures should be rounded to a whole number.

**Visit:** Each time patients present themselves to the Occupational Therapy, it is counted as one visit. One visit may generate several treatments. Visits to any areas outside the clinic, such as nursing units and homes, are not to be counted for space allocation.

#### **3.8.3. POLICIES:**

A separate occupational therapy clinic will be provided when there are 3 or more occupational therapist and occupational therapist technician FTEs projected. If one or two occupational therapists are projected, recommend combining occupational therapy with the physical therapy clinic.

## DoD Space Planning Criteria for Health Facilities

### Occupational Therapy Clinic

#### **3.8.4. PROGRAM DATA REQUIRED :**

Projected number of occupational therapist FTEs.  
 Projected number of occupational therapist technician FTEs.  
 Is there a pediatric evaluation program?  
 Is ergonomics training provided?  
 Is there a neuro/rehab. training program?  
 Is there a daily living program?

#### **3.8.5. SPACE CRITERIA:**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b><u>PATIENT AREAS</u></b>			
Clinic Waiting Area	13.01	140	Minimum(provides 7 seats). Provide 2 seats per occupational therapist and OT technician FTE projected. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Clinic Reception Station /Control Counter	13.01	140	One reception station per clinic.
Patient Toilets		varies	See Section 6.1.
<b><u>STAFF AND SUPPORT AREAS</u></b>			
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Occupational Therapist Office	11.15	120	One per occupational therapist (FTE) programmed.
Occupational Therapy Technicians Office	11.15	120	One office per every three or fraction of three technicians FTE projected. (Do not include the senior technician if he or she is the NCOIC/ LCPO or LPO).
NCOIC/LCPO/LPO Office	11.15	120	One per clinic.
Equipment Storage	18.58	200	1 per clinic, 200 nsf minimum, add 60 nsf for each occupational therapist FTE over six.
Conference Room	23.25	250	Minimum. One per clinic with between four to eight occupational therapist FTE’s. Combine with another clinic if fewer than four OT FTE’s.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair Storage	5.57	60	One per clinic.
Janitors’ Closet	5.57	60	One janitor’s closet per 10,000 nsf. See Section 6.1.

**DoD Space Planning Criteria for Health Facilities**  
**Occupational Therapy Clinic**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
<u>TREATMENT AREAS</u>			
Clinic Treatment Area	11.15	120	120 nsf minimum. Provide 60 nsf per therapist, OT technician FTE projected.
Daily Living Skills Training Room	37.16	400	One per clinic.
Private Evaluation Area	11.15	120	One room per every three technicians projected. (Do not round up).
Ergonomic Laboratory	37.16	400	One per clinic when ergonomic O.T. services provided.
Splint Fabrication Room	18.58	200	One per clinic.
Neuro/Rehab Training	18.58	200	One per clinic when neuro/rehab training program offered.
Pediatric Evaluation and Rehabilitation	18.58	200	One per clinic when pediatric evaluation a service of the clinic.
Work Adjustment Hardening Equipment Area	37.16	400	One per clinic.

## DoD Space Planning Criteria for Health Facilities

### Physical Therapy

#### **3.9.1. PURPOSE AND SCOPE:**

This section specifies the space planning criteria for outpatient physical therapy services. The purpose of physical therapy is to provide evaluation, treatment and consultation, which maintains, restores or improves physical functions.

#### **3.9.2. DEFINITIONS:**

**Exercise Station:** Any combination of weight training devices, exercise devices, exercise table, parallel bars, mats, tilt table, isokentic machines and gait training area.

**Pain Manager:** Pain managers provide the skills to manage pain in an effective manner.

**Physical Therapist:** Physical therapist provides the examination, evaluation, diagnosis, and treatment of individuals with potential or actual functional impairment. Physical therapy provides therapeutic interventions for inpatients and outpatients whose ability to function is impaired by disease, injury, or other causes. Patients treated include, but are not limited to, those with pain, neuromuscular, musculoskeletal, cardiopulmonary, and integumentary conditions. Physical therapy includes the prevention of injury and impairment through the promotion and maintenance of fitness. The profession also actively engages in consultation, education, and research. Physical Therapists are credentialed to serve as physician extenders / primary care providers evaluating and managing neuromusculoskeletal disorders. Physical Therapists are providing ergonomic assessments, injury prevention studies and counseling, wellness/physical fitness counseling, and health promotion activities.

**Physical Therapy Technician:** This may be a military enlisted person, specifically trained to perform certain physical therapy treatments or this may be a civilian Physical Therapy Assistant (PTA). A civilian PTA is usually licensed by the state where the MTF is located and is a graduate of an accredited training program. Such programs are accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE).

**Wall Storage:** Wall storage in a physical therapy clinic, normally in the exercise and the cubicle area, is open storage for weights, components of the equipment crutches and other physical therapy devices. This open storage is made possible by wall mounted heavy-duty pegboards, dowels and shelf units.

#### **3.9.3. POLICIES:**

Where physical therapy is a service in a hospital, a physical therapy room will be programmed on the ward where orthopedic patients are located.

## DoD Space Planning Criteria for Health Facilities

### Physical Therapy

#### **3.9.4. PROGRAM DATA REQUIRED:**

Number of physical therapist projected.  
 Number of physical therapy technicians or aides/assistants projected.  
 Is Senior TRICARE Prime offered in this MTF?  
 Is there a Physical Therapy education program in this clinic?  
 Maximum number of physical therapy students present at one time.  
 Is this a Medical Center?  
 Is there a secretary for the chief of the clinic?  
 Is there a Residency Research Technician?

#### **3.9.5. SPACE CRITERIA:**

Note to Programmer: Hydrotherapy is not being widely used in military hospitals and is not being taught in the “in hospital rotation” portion of the DoD Physical Therapy Master Degree program as of the year 2000. The new Brooke Army Medical Center has had all whirlpools removed from the PT clinic facilities. Most PT training to include Masters and PhD. Programs is conducted at BAMC for all three services. Therefore,, the programming of hydrotherapy should be questioned in any new facilities.

#### **Part Time Operation or Full-Time operation with staffing of no more that one provider or technician staffing only - this is a minimum size physical therapy clinic.**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b><u>PATIENT AREAS</u></b>			
Clinic Waiting Area	13.01	140	Minimum, provide 7 seats. Provide 5 @ 16 nsf and 2 @ 25 nsf for handicapped waiting.
Clinic Reception Station /Control Counter	11.15	120	One reception station per clinic.
Physical Therapist Exam	11.15	120	One per physical therapist (FTE) projected as full-time or part-time.
Patient Toilets		varies	See Section 6.1.
<b><u>STAFF AND SUPPORT AREAS</u></b>			
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Physical Therapist Office	11.15	120	One per physical therapist (FTE) projected as full-time or part-time.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic. This is an office for the senior physical therapy technician. If this clinic is only operated part-time and is staffed by a technician, then this is that part-time technician's office.



## DoD Space Planning Criteria for Health Facilities

### Physical Therapy

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

#### STAFF AND SUPPORT AREAS (CONTINUED)

Physical Therapy Technician's Office	11.15	120	One office per every three or fraction of three technician FTE's projected. (Do not include the senior technician who is the NCOIC/LCPO or LPO).
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair Space	1.86	20	One per clinic.
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

#### TREATMENT AREAS

Treatment Cubicle	13.01	140	Per cubicle. Minimum of four (4) cubicles. Provide 1.5 cubicles per technician. This is a treatment area, which is defined by a front wall, and ceiling hung curtains. The curtain area is 96 nsf and the remainder of the area is for circulation and workstation at the front of the cubicle.
Exercise Area	18.58	200	Minimum. One per clinic. Allows space for 3 machines with circulation. Provide justification if greater area required.
Dressing Room	4.88	52	One per clinic.
Mat/Platform Area	20.44	220	One per clinic.
Wall Storage in Exercise Area	5.57	60	One per clinic.
Equipment Storage Room	18.58	200	One per clinic.
Supply Storage Room	18.58	200	One per clinic.
Linen Storage Alcove	5.57	60	One per clinic.

## DoD Space Planning Criteria for Health Facilities

### Physical Therapy

#### Space Planning Criteria for P.T. Therapy Services – with multiple qualified P.T. therapists:

<b><u>PATIENT AREAS</u></b>			
Clinic Waiting Area		varies	Provide 2 seats per PT and PT Technician. 90% of seats @ 16 nsf and 10% of seats @ 25 nsf for handicapped waiting.
Clinic Reception Station /Control Counter	11.15	120	One reception station per clinic.
Physical Therapist Exam	11.15	120	One per physical therapist (FTE) projected as full-time or part-time.
Patient Toilets		varies	See Section 6.1.
<b><u>STAFF AND SUPPORT AREAS</u></b>			
Physical Therapist Office	11.15	120	One per physical therapist (FTE) projected as full-time or part-time.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic. This is an office for the senior physical therapy technician.
Physical Therapy Technician's Office	11.15	120	One office per every three or fraction of three technician/assistant FTE projected. (Do not include the senior technician who is the NCOIC/ LCPO or LPO)
Conference Room	23.25	250	Minimum. One per clinic with between four to eight physician therapist FTE's. Combine with another clinic if fewer than four PT FTE's.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair Space	5.57	60	One per clinic.
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.
<b><u>TREATMENT AREAS</u></b>			
Treatment Cubicle	13.01	140	Per cubicle. Minimum of four (4) cubicles. 140 nsf per cubicle. Provide three cubicles per provider (PT) (or technicians – SEPS to determine) projected. This is a treatment area, which is defined by a front wall, and ceiling hung curtains. The curtain area is 96 nsf and the remainder of the area is for circulation and workstation area at the front of the cubicle.
Physical Therapy Treatment Room	13.01	140	One per clinic to allow increased privacy for treatment. Provide a second such room when the number of PTs projected exceeds 8.
Exercise Area		varies	One per clinic. One exercise station per PT and technician/aide projected. 65 nsf per exercise station. This includes the space for exercise machines, and also to include Isokinetic machines.

## DoD Space Planning Criteria for Health Facilities

### Physical Therapy

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b><u>TREATMENT AREAS (Continued)</u></b>			
Mat/Platform Area	20.44	220	Minimum of one mat/platform. One mat/platform per every four PTs or PT technician projected. 220 nsf per mat/platform.
Wall or rack Storage in Exercise Area		varies	60 nsf minimum. 4 nsf (1 linear foot) of wall storage per exercise station projected.
Equipment Storage Room		Varies	Minimum 200 nsf. 40 nsf per PT projected.
Supply Storage Room		varies	Minimum 200 nsf. 30 nsf per PT projected.
Linen Storage	5.57 9.29	60 100	Provide an alcove when 6 or less PT's. Provide a room when more than 6 PT's.
Radiology Reading Room	11.15	120	Special justification required.
Gait Lane & Parallel Bar Area	18.58	200	One per clinic.
Dressing Room	6.0	65	One per clinic, minimum. Provide one additional dressing room for every four PT's over six.
Patient Shower	1.86	20	20 nsf per shower. Minimum of one shower per dressing room.
Extremity Whirlpool	5.57	60	One per clinic. May be deleted on authority of clinic chief.
Hydro-therapy Suite-Cubicle	39.49	425	One per clinic. Includes two extremity whirlpools, one shower trolley and workstation area. May be deleted on authority of clinic chief.
Therapeutic Pool	232.27	2500	Restricted to Medical Centers only when MEDICARE (patients over 65 years of age) is provided (TRICARE Senior). Justification is required.
Pool Changing Room and Shower			
Male	14.86	160	One per pool. Incorporate 2 showers and lockers for the storage of valuables and clothing of 12 patients.
Female	14.86	160	One per pool. Incorporate 2 showers and lockers for the storage of purses and clothing of 12 patients.
Inpatient Physical Therapy (on the ward)	44.59	480	One per orthopedic ward. One per every four med./surg. ward or fraction there of. If the hospital includes a cardiology inpatient service, place another such area on the medicine ward, which will house the cardiology patients. Provides space for exercise stations, Hi-Lo and wall storage. NOTE: This requirement is restated in inpatient section.

## DoD Space Planning Criteria for Health Facilities

### Physical Therapy

#### **Functions that are required for Residency Education in P.T. Therapy Services:**

Director of Physical Therapy Education	14.86	160	One per director of an in hospital Physical Therapy Education Program. (Typically the Chief Physical Therapist in the Clinic)
Secretary to Director with visitor waiting.	11.15	120	One per Director, if there is a projected FTE secretary position.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Physical Therapy Education Library	22.29	240	One per clinic when there is a Physical Therapy Residency
Conference Room	37.16	400	One per Physical Therapy Residency Program
Small Group Counseling Rooms	11.15	120	One per eight physical therapy students in training (physical therapist or aide/assistant).

**DoD Space Planning Criteria for Health Facilities**  
**Audiology / Hearing Conservation / Speech Pathology / Ear Nose and**  
**Throat (ENT) or Otorhinolaryngology Clinic**

**3.10.1. PURPOSE AND SCOPE:**

This section sets forth space planning criteria for the outpatient audiology, hearing conservation, speech pathology, and Otorhinolaryngological Clinical Services in military health care facilities. Otorhinolaryngology clinics include: Ear, Nose and Throat (ENT) and Vestibular exams.

**3.10.2. DEFINITIONS:**

**Audiology:** Audiology services in military treatment facilities provide the following types of services: evaluation of the auditory system to include pure tone air and bone conduction, speech threshold and recognition testing, electrophysiological testing, vestibular evaluations, pre and post operative exams, dispensing and fitting of hearing aids and hearing protection, and hearing conservation services.

**Educational and Developmental Intervention Services (EDIS):** Educational and Developmental Intervention Services are governed by DoDI 1010.13 which mandates that all children with special needs receive the assistance they require in order to receive a proper education. In OCONUS locations the military medical service shares the responsibility for providing these services with DoDDS. Medical related services can include occupational therapy, physical therapy, psychology services, and speech and audiology services.

**Hearing Conservation:** Hearing Conservation services are provided separately from Clinical Audiology Services. Hearing Conservation will provide the following services: hearing testing for the determination of temporary or permanent threshold shift (TTS/PTS), fitting of appropriate hearing protection, health education.

**Otorhinolaryngology:** The branch of medicine concerned with medical and surgical treatment of the head and neck, including the ears, nose and throat.

**Speech Therapy:** Speech services in military treatment facilities provide diagnosis and treatment of speech, language, voice, and swallowing disorders. Patients with such communication disorders often have hearing deficiencies.

**Vestibular:** relating to the internal ear, where balance functions are governed.

**DoD Space Planning Criteria for Health Facilities**  
**Audiology / Hearing Conservation / Speech Pathology / Ear Nose and**  
**Throat (ENT) or Otorhinolaryngology Clinic**

**3.10.3. POLICIES:**

**Clinic Composition:** A separate audiology / speech therapy clinic will not be programmed if the number of audiologist and speech therapist's FTEs is 2 or less. When the workload of audio and speech does not support a separate clinic, the services may be combined with ENT, or otorhinolaryngology services.

A separate ENT clinic will be programmed if the number of otorhinolaryngologist FTEs is 3 or more. When the staffing of otorhinolaryngologist does not support a separate clinic, the services may be combined with either the general surgery clinic or audiology/hearing conservation and/or speech pathology services.

**Educational and Developmental Intervention Services (EDIS):** Adequate space for EDIS functions must be provided within OCONUS locations where dependents are sponsored. This may entail providing a single area for multiple specialties or it may simply entail ensuring the appropriate medical specialties are staffed within their own separate clinics. If a single EDIS area is provided, waiting and reception space, appropriate administrative office space, and appropriate treatment space (based on specialties included) will be provided. For the purpose of this chapter this could include locating an audiologist and/or speech pathologist within the EDIS area.

**Separate Hearing Conservation Facilities:** For the Army, a separate (freestanding) hearing conservation clinic will be constructed when there is an "at risk" hearing conservation population of 8,000 or greater.

**3.10.4. PROGRAM DATA REQUIRED:**

Is there a hearing conservation service in this MTF?  
 Projected population supported by audiology program(s).  
 Projected number of audiologist FTEs.  
 Projected number of audiology technician FTEs.  
 Projected number of speech therapist FTEs.  
 Projected number of nurses assigned.  
 Projected number of male staff.  
 Is this the center for an Otorhinolaryngology Residency Program?  
 Projected number of Otorhinolaryngologist assigned?  
 Projected number of Otorhinolaryngologist residents assigned?  
 Is there a Residency Research Technician for the Otorhinolaryngology Residency Program?

**DoD Space Planning Criteria for Health Facilities**  
**Audiology / Hearing Conservation / Speech Pathology / Ear Nose and**  
**Throat (ENT) or Otorhinolaryngology Clinic**

**3.10.5. SPACE CRITERIA:**

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>PATIENT AREAS</b>			
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Clinic Waiting Area	13.01	140	Minimum (provides for 7 seats). Provide 2.0 seats per audiologist or speech therapist FTE projected. Provide 2.0 seats for each ENT FTE provider projected. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Clinic Reception Station/Control Ctr.	13.01	140	Minimum. One per clinic. 140 nsf per receptionist station for every 10 providers.
ENT Exam Room	11.15	120	Per room. 2 per doctor's office.
Vestibular Exam Room	13.94	150	1 per clinic, if this procedure performed in this department. Consider performing this function in treatment room, unless workload requires a dedicated room.
Patient Classroom/Conference Room	23.23	250	Minimum. One per every eight provider FTEs. Combine with another clinic if fewer than four provider FTEs.
Patient Toilets		varies	See Section 6.1.

<b>STAFF AND SUPPORT AREAS</b>			
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Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Speech Therapist Office	11.15	120	One per speech therapist (FTE) programmed.
Speech Therapy Technician's Office	11.15	120	One office per every three or fraction of three technician FTEs projected. (Do not include the senior technician if he or she is the NCOIC/LCPO or LPO).
Audiologist Office	11.15	120	One office per every audiologist FTE projected.
Doctor's Office (Otorhinolaryngologist)	11.15	120	1 per FTE provider assigned.
Audiology Technician's Office	11.15	120	One office per every three or fraction of three technician FTEs projected. (Do not include the senior technician if he or she is the NCOIC/LCPO or LPO).
Nurse Manager's Office	11.15	120	One per nurse manager FTE projected.

**DoD Space Planning Criteria for Health Facilities**  
**Audiology / Hearing Conservation / Speech Pathology / Ear Nose and**  
**Throat (ENT) or Otorhinolaryngology Clinic**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>STAFF AND SUPPORT AREAS (Continued)</b>
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Nurses' Workroom	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic.
Equipment Storage	9.29	100	1 per clinic.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair Storage	5.57	60	One per clinic.
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

<b>TESTING/TREATMENT:</b> <b>AUDIOLOGY/SPEECH PATHOLOGY</b>		
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Audiology Pediatric Evaluation/Therapy Room	11.15	120	One per every two audiologist FTE projected.
Audiobooth Room (doubled walled booth)	11.15	120	One person booth. Minimum requirement when audiology service provided.
	34.75	375	One 2-6 person booth when total population exceeds 2,000.
Audiobooth Suite	17.65	190	One suite per audiologist programmed. If there is a hearing conservation program add an additional suite per 20,000 population supported.
Hearing Aid Fitting Room	18.58	200	One per clinic when two or more audiologist FTE projected. Combine with Hearing Aid Laboratory when only one audiologist FTE.
Hearing Aid Laboratory	9.29	100	One per clinic when two or more audiologist FTE projected. Reduce to 80 nsf and combine with Hearing Aid Fitting Room when only one audiologist FTE.
Vestibular Laboratory	9.29	100	One per clinic when two or more audiologist FTE projected. Combine with Auditory Electrophysiological Lab when only one audiologist FTE.
Auditory Electrophysiological Lab.	9.29	100	One per clinic when two or more audiologist FTE projected. Reduce to 80 nsf and combine with Vestibular Laboratory when only one audiologist FTE.
Videostroboscopy Room	13.94	150	One per clinic when services not provided in ENT. Also serves as location for computerized fluency assisted therapy, tracheoesophageal puncture (TEP) patient care and modified barium swallow results review.



**DoD Space Planning Criteria for Health Facilities**  
**Audiology / Hearing Conservation / Speech Pathology / Ear Nose and**  
**Throat (ENT) or Otorhinolaryngology Clinic**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
<b>TREATMENT:</b> <b>ENT (Otorhinolaryngology):</b>			
ENT Treatment Room	13.94	150	Per room, 1 per 6 exam rooms.
Recovery Room	11.15	120	Per room, 1 per ENT Clinic. Provide only if conscious sedation is used.
Recovery Toilet	5.57	60	1 per recovery room.
Audiobooth Room	11.15	120	One person booth. One per every four otorhinolaryngologist assigned. May be combined with Audiology department.
Videostroboscopy Room	13.94	150	One per clinic. Also serves as location for computerized fluency assisted therapy, tracheoesophageal puncture (TEP), patient care and modified barium swallow results review.

**Functions which are required for Residency Education in Otorhinolaryngology:**  
*The following areas must be programmed if the MTF provides an Otorhinolaryngology Residency Program.*

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Otorhinolaryngology Residency	11.15	120	One per director of an Otorhinolaryngology Residency Program.
Secretary to Director with Visitor Waiting	11.15	120	One per Director of an Otorhinolaryngology Program Director, if there is a projected FTE secretary position.
Otorhinolaryngology Residency Coordinator	11.15	120	One per Residency Program Coordinator if there is a projected FTE.
Residents' Office Space	11.15	120	Minimum, 60 nsf per projected resident.
Residency Library	22.29	240	One/Otorhinolaryngology Residency Program.
Conference Room	37.16	400	One per Otorhinolaryngology Residency Program.
Residents' Exam Room	11.15	120	Two examination rooms for each of the maximum of residents (all types) at any one time, who see patients in the clinic.
Residency Research technician	11.15	120	One per Residency Program, if there is a projected FTE.
Small Group Counseling Rooms	11.15	120	One per eight residents.

**DoD Space Planning Criteria for Health Facilities**  
**Audiology / Hearing Conservation / Speech Pathology / Ear Nose and**  
**Throat (ENT) or Otorhinolaryngology Clinic**

**Freestanding Hearing Conservation Clinic:**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>PATIENT AREAS</b>			
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Clinic Waiting Area	13.01	140	140 minimum (provides 7 seats). Provide 2 seats per audiologist or speech therapist FTE programmed. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (h.c. waiting)
Clinic Rec. Station/Control Counter	13.01	140	One per every 8 provider FTEs programmed.
Patient Toilets		varies	See Section 6.1.
Patient Classroom/Conference Room	20.90	225	One per clinic for every eight provider FTEs. Combine with another clinic if fewer than four provider FTEs.

<b>STAFF AND SUPPORT AREAS</b>			
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Audiologist Office	11.15	120	One office per every audiologist FTE programmed.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic.
Equipment Storage	9.29	100	1 per clinic
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter/Wheelchair storage	5.57	60	One per clinic.
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

<b>TREATMENT/ TESTING AREAS</b>			
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Audiology Pediatric Evaluation/Therapy Room	11.15	120	One per every two audiologist FTE programmed.
Audiology Testing Booths	46.45	500	One 8 person booth for population of 8,000.
	92.91	1,000	Two 8 person booths for population of 12,500.
	139.36	1,500	Three 8 person booths for population of 20,000.
	185.81	2,000	Four 8 person booths for population of 30,000 or greater.
Audiobooth Suite	17.65	190	One suite per audiologist programmed. If there is a hearing conservation program add an additional suite per 20,000 population supported.
Hearing Aid Fitting Room	18.58	200	One per clinic if audiologist FTE programmed.

**DoD Space Planning Criteria for Health Facilities**  
**Audiology / Hearing Conservation / Speech Pathology / Ear Nose and**  
**Throat (ENT) or Otorhinolaryngology Clinic**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Hearing Aid Laboratory	9.29	100	One per clinic if audiologist FTE programmed.
Vestibular Laboratory	9.29	100	One per clinic if audiologist FTE programmed.
Auditory Electrophysiological Lab.	9.29	100	One per clinic if audiologist FTE programmed.
Videostroboscopy Room	18.58	200	One per clinic when services not provided in ENT. Also serves as location for computerized fluency assisted therapy, TEP patient care and modified barium swallow results review.

## DoD Space Planning Criteria for Health Facilities

### General and Specialty Surgical Clinics

#### **3.11.1. PURPOSE AND SCOPE:**

This section sets forth space planning criteria for General Surgery and Specialty Surgical Clinical Services in military health care facilities. Specialty Surgical services include within this chapter: colorectal, neurosurgery, plastic surgery and cardiothoracic surgery.

Separate sections provide information on other specialty clinics, as listed below:

<b>Specialty Medical Clinic</b>	<b>Section</b>	<b>Psychiatric Clinics</b>	<b>Section</b>
Allergy/Immunization	3.17	Mental Health/Hygiene	3.18
Dermatology	3.15	Psychiatry	3.18
Endocrinology	3.15	Child Psychiatry	3.18
Gastroenterology	3.15	Clinical Psychology	3.18
Hematology/Oncology	3.15		
Infectious Disease	3.15	<b>Women's Health</b>	<b>Section</b>
Internal Medicine	3.15	OB/GYN	3.6
Nephrology	3.15	Family Planning	3.6
Neurology	3.15		
Rheumatology	3.15	<b>Pediatrics</b>	<b>Section</b>
		Adolescent	3.3
<b>Cardiology/Pulmonary Services</b>	<b>Section</b>	Infectious Disease Pediatrics	3.3
Cardiology	3.16	Well Baby	3.3
Pulmonary	3.16		
<b>Preventative/Occupational Clinics:</b>		<b>Primary Care</b>	<b>Section</b>
Aerospace, Aviation, and	3.4	Clinic of the Future	3.2
Submarine Medicine		Emergency	3.5
Community Health Nursing	3.19	Family Practice	3.1
Industrial Hygiene,	3.19	General Practice	3.1
Environmental and		Physical Examination	3.1
Bioenvironmental Sciences			
Occupational Health/Civilian	3.19	<b>Specialty Surgical Clinics</b>	<b>Section</b>
Employee Health Clinic		Colorectal	3.11
Preventive Medicine	3.19	General Surgery	3.11
		Neurosurgery	3.11
<b>Eye, Ear, Nose &amp; Throat</b>	<b>Section</b>	Orthopedic/Podiatry	3.12
Audiology	3.10	Plastic Surgery	3.11
Ophthalmology/Optometry	3.13	Thoracic Surgery	3.11
Otorhinolaryngology (ENT)	3.10	Pain	3.11
Speech Therapy	3.10	Urology	3.14

#### **3.11.2. DEFINITIONS:**

**Colorectal:** Area of the lower portion of the colon or the rectum.

**Endoscopy:** Inspection of the interior of a canal or any air or food passage by means of an endoscope.

**General surgery:** That which deals with surgical problems of all kinds.

## DoD Space Planning Criteria for Health Facilities

### General and Specialty Surgical Clinics

**Neurosurgery:** Surgery of the nervous system, that is designed to restore normal conductivity in malfunctioning nerve fibers or to improve blood flow in the nerve tissue, or to alleviate mental illness.

**Pain Clinic:** A pain clinic focuses on the clinical methods used and the problems involved in the diagnosis and treatment of persistent and recurrent types of pain. A significant portion of the patients seen in a pain clinic have had accidents or surgery and are still in pain after the normal healing period has elapsed (more than 3-6 months). Examples of problems treated by a pain clinic may include: back, neck, arm and leg pain, headaches, arthritis, herniations, Reflex Sympathetic Dystrophy (RSD), nerve damage, complex neurological problems, neuropathies, muscle disorders, muscular strains, and pain resulting from cancer and injuries. Treatment often includes the management of pain associated problems, such as sleep disorders, anxiety, depression and frustration.

**Plastic Surgery:** Plastic surgery is concerned in the shape and appearance of body structures that are defective, damaged or misshapened by injury, disease, or growth and development.

**Proctology:** The branch of medicine concerned with disorders of the rectum and anus and treatment of their diseases.

**Provider:** An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. Providers are surgeons, physicians, physician's assistants and clinical nurse practitioners.

**Thoracic Surgery:** Surgery of the thorax or chest.

**Vascular Surgery:** Surgery of the blood vessels.

#### **3.11.2. POLICIES:**

##### **Clinic Composition:**

Whenever the workload of any specialty does not support more than two surgeon FTEs, a separate clinic should not be programmed. Surgical specialties that do not justify a separate clinic should be combined into an appropriate clinic grouping.

**Providers' Examination Rooms:** Each surgeon will be provided with two examination rooms.

**Providers' Offices:** Each FTE surgeon and provider on the staff, who has patient appointments, will be provided a private office.

**Residents' Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Examination Rooms:** Additional examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients.

Note: these residents are not necessarily orthopedic residents only; family practice, internist and others residency programs may require a rotation in the surgery clinic.

## DoD Space Planning Criteria for Health Facilities

### General and Specialty Surgical Clinics

#### 3.11.4. PROGRAM DATA REQUIRED:

Number of providers programmed.  
 Distribution of surgeons by specialty and/or service.  
 Maximum number of FTE residents seeing patients in the clinic at one time?  
 Provide any surgical graduate medical education programs and the number of residents in each, i.e. general surg., plastic surg. neurosurgery, proctology, thoracic or vascular surgery.  
 Is there a Residency Research Technician assigned?  
 If there is a pain clinic, how many anesthesiologist and nurse anesthetists are assigned?  
 If there is a pain clinic, how many psychologists are assigned?  
 If there is a pain clinic, how many physical therapists are assigned?  
 If there is a pain clinic, how many physical therapy technicians are assigned?  
 Are all endoscopy procedures accomplished in the hospital operating room ?

#### 3.11.5. SPACE CRITERIA:

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

**Combining functions:** When programming a clinic that includes multiple surgical disciplines (general surgery, thoracic surgery, vascular surgery, etc.), special procedure rooms that required similar support functions (patient holding, utility rooms and recovery areas) should be located in such a way as to combine as opposed to duplicating the support functions.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
PATIENT AREAS			
Clinic Waiting Area		varies	Provide one per clinic. Provide space for 3.0 seats to be in the waiting area for each provider FTE. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (hc wtg.).
Reception/Control	13.01	140	140 nsf per every 8 providers.
Provider’s Exam Rooms	11.15	120	Two per provider (FTE) programmed.
Screening Room	7.43	80	One per clinic.
Nurse Manager’s Office	11.15	120	One per clinic, when FTE programmed.
Patient Toilets		varies	See Section 6.1.
STAFF AND SUPPORT AREAS			
Provider’s Office	11.15	120	One per provider FTE programmed.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic, when FTE programmed.

## DoD Space Planning Criteria for Health Facilities

### General and Specialty Surgical Clinics

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
STAFF AND SUPPORT AREAS (continued)			
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Tumor Registry	11.15	120	One per facility. See also section 3.15. Provide only one for both departments.
Clinic Conference / Classroom	23.25	250	One per clinic.
Staff Lounge/Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Equipment Storage	9.29	100	One per clinic.
Litter and Wheelchair storage	5.57	60	One per clinic.
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.
TREATMENT AREAS			
General Treatment			
Clean Treatment Room – general purpose	16.26	175	One per 4 providers for both dirty and clean treatment (see below). Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Dirty Treatment Room – general purpose	16.26	175	One per 4 providers for both dirty and clean treatment (see above). Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Treatment Room – two station	31.59	340	One per large clinics with over 12 or more providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Laser Treatment Room	16.26	175	One per clinic, if laser treatment performed.
Laser treatment equipment storage	7.43	80	One per laser treatment room.
Endoscopy Suite (includes Proctoscopy)			
Procedure Room – Endoscopy	40.87	280	Minimum. One for every 3 FTE general surgeons. Provide an additional room for every third additional general surgeons above three.
Procedure Room – Proctoscopy	18.58	200	Minimum. One for every 3 FTE proctologists. Provide an additional room for every third additional proctologists above three.
Dedicated Procto. Toilet	5.57	60	One per procto. Procedure room.
Equipment Storage	9.29	100	One per endo/procto. Suite.
Vascular/Thoracic Suite			
Microvascular Lab	18.58	200	One per clinic when vascular surgeon FTE projected

## DoD Space Planning Criteria for Health Facilities

### General and Specialty Surgical Clinics

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Pain Clinic			
Office/Consult (for anesthesiologists, nurse anesthetists, psychologist and/or physical therapist).	11.15	120	One per FTE projected.
Procedure Room	16.26	175	One per 1 FTE programmed.
Examination Room	11.15	120	One per 1 anesthesiologist, nurse anesthetist, or physical therapist FTE programmed.
Physical Therapy Technicians' Office	11.15	120	One per every three or fraction of three physical therapy technician FTE programmed.
Equipment Storage	7.43	80	One per Pain Clinic.
Exercise Area	18.58	200	One per clinic, if ex. therapy performed. Allows space for 1 machine, mat area, with circulation. May be combined with Physical Therapy in Section 3.9.
Treatment Support Space			Use for all general treatment areas previously listed.
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms.
	13.94	150	If > 30 treatment rooms.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms
	13.94	150	If 16-30 exam/treatment rooms.
	16.72	180	If >30 treatment rooms.
Nurses' Workroom	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
Scope Wash Room	11.15	120	One per clinic.
Instrument Processing Room (Soiled Utility)	7.43	80	Minimum of one. One per every two procedure rooms.
Clean Equipment Room	11.15	120	Minimum of one. Add an additional 60 nsf for each procedure room above two.
Recovery Room/Pre-Op Patient Holding	33.44	360	Minimum. 3 cubicles for first procedure room. Add 2 cubicles (at 120 nsf. each) for each additional procedure room.
Control/Observation Area	55.7	60	One per recovery/pre-operative patient holding room.
Patient Toilet	5.57	60	One per preoperative room/recovery patient holding room.
Dressing Cubicle	4.65	50	Minimum per cubicle. 1 cubicle per every treatment room.
Sub-waiting	7.43	80	If used, subtract 80 nsf from the total clinic waiting area. Place adjacent to treatment space.



## DoD Space Planning Criteria for Health Facilities

### General and Specialty Surgical Clinics

**Functions which are required for Surgical Residency:**

The following areas must be programmed if the MTF has Surgical Residency Program(s). These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Residency	11.15	120	One per director of a Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Surgical Residency when there is a projected FTE secretary position.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Coordinator	11.15	120	One per Surgical Residency Program Coordinator if there is a projected FTE.
Resident's Office Space	11.15	120	Minimum, 60 nsf per projected resident.
Residency Library	22.29	240	One per Surgical Residency Program.
Conference Room	37.16	400	One per Surgical Residency Program.
Residents' Exam Room	11.15	120	Two examination rooms for each of the maximum of residents (all types) at any one time, who see patients in the clinic.

## **DoD Space Planning Criteria for Health Facilities** **Orthopedics/Podiatry/Chiropractic/Sports Medicine**

### **3.12.1. PURPOSE AND SCOPE:**

This section specifies the space planning criteria for outpatient orthopedic and podiatry clinics, as well as for physical medicine and rehabilitation clinics, and chiropractic and sports medicine clinics.

### **3.12.2. DEFINITIONS:**

**Chiropractic Services:** Chiropractic services provide diagnosis, evaluation and treatment for disorders of the nervous system. This is accomplished by a system of therapeutics that attributes disease to dysfunction of the nervous system. The goal is to restore normal function by manipulation and treatment of the body structures, especially those of the vertebral column.

**Orthopedic Services:** Orthopedic services provide preventive care, evaluation, diagnosis, treatment and consultation for the correction or prevention of skeletal deformities.

**Patient Learning Resource Room:** A patient learning resource room provides patients with publications and access to computers connected to the Internet to research diseases and health information.

**Podiatry Services:** Podiatry service is to provide preventive care and treatment to the human foot in health, injury or disease.

**Physical Medicine and Rehabilitation Specialist:** A physician, trained in a medical or osteopathic school, in an approved Physical Medicine and Rehabilitation residency. Services are both diagnostic and therapeutic, and range from pediatric to geriatric in age. PM&R specialists are also trained in the use of Electrodiagnostic Testing methods (Nerve Conduction Studies) for precise diagnosis of nerve and muscle disorders, acquired or inherited. In addition to routine musculoskeletal aches and pains, diagnosis and management recommendations are also made for those with amputation of limbs, traumatic brain injury, spinal cord injury, multiple sclerosis and many other degenerative nervous disorders.

**Provider:** A “provider” in an orthopedic/podiatry clinic is an orthopedic surgeon, physician, nurse practitioner, chiropractor, occupational/physical therapist, or a podiatrist.

**Rotating Resident:** A rotating resident is one from any graduate medical education specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example internal medicine residents are required to “do a rotation” in the OB/GYN service.

**Sports Medicine Services:** Sports Medicine services are typically provided by an orthopedic surgeon with a focus on prevention, treatment and rehabilitation of sports related injuries.

### **3.12.3. POLICIES:**

**Clinic Composition:** If one or two providers are projected, this clinic should be combined with the general surgery clinic.

**Providers’ Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers’ Offices:** Each physician, nurse practitioner, chiropractor, occupational/physical therapist, and podiatrist on the staff, who has patient appointments, will be provided a private office.

## **DoD Space Planning Criteria for Health Facilities** **Orthopedics/Podiatry/Chiropractic/Sports Medicine**

**Residents' Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these resident are not necessarily orthopedic residents only, family practice, internist and others residency programs may require a rotation in the orthopedic clinic.

### **3.12.4. PROGRAM DATA REQUIRED:**

Number of orthopedic technicians (FTE) projected?  
 Number of orthopedic surgeon (FTE) projected?  
 Number of podiatrist (FTE) projected?  
 Number of chiropractors (FTE) projected?  
 Number of sport medicine technicians (FTE) assigned?  
 Will this clinic be staffed and operated full time?  
 Number of orthopedic shop technicians (FTE) projected?  
 Number of radiology technicians (FTE) projected?  
 Number of nurses (FTE) projected?  
 Is an orthopedic surgery residency, graduate medical education program part of this clinic's mission?  
 What is the maximum number of orthopedic surgery residents receiving training in this clinic?  
 What is the maximum number of residents (any GME program) that are seeing patients in the clinic at any one given time?  
 Total staff number in this clinic (include residents, shared resource labor and borrowed labor)?  
 Are chiropractic services available?  
 Are sports medicine services available?  
 Are massage services available?  
 Are Physical Medicine and Rehabilitation services available?  
 Number of physical medicine and rehabilitation medical specialist physicians (FTE) projected?  
 Number of physical medicine and rehabilitation technicians (FTE) assigned?  
 Is there a Residency Research Technician?

**DoD Space Planning Criteria for Health Facilities**  
**Orthopedics/Podiatry/Chiropractic/Sports Medicine**

**3.12.5. SPACE CRITERIA:**

**Orthopedic and Podiatry Services:**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

**PATIENT AREAS**

Clinic Waiting Area		varies	Provide 3 seats per provider for the maximum number of providers projected to be working in the clinic at one time, 16 nsf for 33% of the seats and 25 nsf for 67% of the seats (handicapped waiting).
Clinic Reception Station / Control Counter	13.01	140	Minimum. One per clinic. 140 nsf per reception station for every 10 providers.
Provider's Examination Rooms	11.15	120	Two per provider (FTE) programmed, also note residency education section.
Patient Toilets		varies	See Section 6.1.

**STAFF AND SUPPORT AREAS**

Provider's Office	11.15	120	One per each provider (FTE) projected. Also note residency education section.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic.
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Nurse Manager's Office	11.15	120	One per clinic when a nurse manager FTE projected.
Nurse's Work Room	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
Conference Room	23.25	250	One per clinic if no orthopedic surgery residency training program. (See residency program requirements at the end of this section.)
Clean Utility Room	11.15	120	For up to 15 exam/treatment/cast rooms
	13.94	150	If 16-30 exam/treatment/cast rooms
	16.72	180	If >30 exam/treatment/cast rooms
Soiled Utility	8.36	90	For up to 15 exam/treatment/cast rooms..
	11.15	120	If 16-30 exam/treatment/cast rooms
	13.94	150	If > 30 exam/treatment/cast rooms
Equipment Storage	9.29	100	1 per clinic

**DoD Space Planning Criteria for Health Facilities**  
**Orthopedics/Podiatry/Chiropractic/Sports Medicine**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>STAFF AND SUPPORT AREAS (Continued)</b>	
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Orthotics Laboratory			When orthotics technician(s) projected.
Plaster Molding Room	18.58	200	One per orthotics lab, for pouring and modifying plaster molds.
Sewing Room	11.15	120	One per orthotics lab.
Machine Room	27.87	300	One per orthotics lab. This room houses: sanders, cutting machines, an oven and vacuum forming machine for thermoplastic.
Fitting Rooms	7.43	40	Minimum of two fitting booths at 40 nsf each.
Application Adjustment & Modification Shop	13.00	140	Minimum when orthopedic shop technician assigned, add 200 nsf for each additional technician projected. Maximum 540 nsf.
Orthopedic digital viewing room	11.15	120	Special justification required.
Cast Room	16.72	180	Minimum. One per clinic. One table per every 60 orthopedic visits per week. Allows for 110 nsf inside cubicle and 70 nsf outside cubicle curtain. If less than four providers, this also serves as the "Treatment Room."
Plaster prep and storage	5.57	60	One per cast room.
Splint and Crutch Storage	9.29	100	Minimum. 20 nsf per orthopedic surgeon projected.
Radiology Reading Room	11.15	120	One per radiology exposure room.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair Storage	5.57	60	One per clinic.
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.

<b>TREATMENT AREAS</b>	
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Treatment Room	16.26	175	One room for up to 12 providers. Two rooms for 13 to 20 providers. One additional room for each additional 8 providers.
Portable X-ray Unit	3.72	40	One per mobile X-ray unit dedicated to the orthopedic clinic.
Radiology Exposure Room	27.87	300	One per orthopedic clinic when dedicated radiology technician assigned. Shared with Chiropractic Services, if required.

**DoD Space Planning Criteria for Health Facilities**  
**Orthopedics/Podiatry/Chiropractic/Sports Medicine**

**Physical Medicine and Rehabilitation Services:**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

**PATIENT AREAS**

Clinic Waiting Area		varies	Provide 3 seats per provider for the maximum number of providers projected to be working in the clinic at one time, 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting) . May be combined with other services in this section.
Provider's Exam/EMG Testing	11.15	120	One per each provider (FTE) projected.

**STAFF AND SUPPORT AREAS**

Provider's Office	11.15	120	One per each provider (FTE) projected.
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**Chiropractor Services:**

**PATIENT AREAS**

Clinic Reception/Control Counter	11.15	120	Normally shared with Orthopedics / Podiatry.
Patient Toilets		varies	See Section 6.1.
Exam/Treatment Room	11.15	120	Two per provider (FTE) projected.
Therapy Bay	7.43	80	Two to three per therapist (FTE) projected.
Massage Room	11.15	120	One per clinic if provided in the program.
Rehab Gym	18.58	200	One per four providers. May be shared with Sports Medicine.

**STAFF AND SUPPORT AREAS**

Provider's Office	11.15	120	One per provider FTE projected.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.

**DoD Space Planning Criteria for Health Facilities**  
**Orthopedics/Podiatry/Chiropractic/Sports Medicine**

<b>Sports Medicine:</b>
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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>PATIENT AREAS</b>			
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Clinic Reception/Control Counter	11.15	120	Normally shared with Orthopedics / Podiatry.
EMG Cubicle	11.15	120	One station per department. Requires portable EMG unit only.
Patient Toilets		varies	See Section 6.1.

<b>STAFF AND SUPPORT AREAS</b>			
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Provider's Office	11.15	120	One per provider FTE projected.
Work Area/Computer Terminal	5.57	60	One station per department.
Ice Machine Alcove	3.72	40	One station per department.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.

<b>TREATMENT AREAS</b>			
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Treatment Room	11.15	120	Dependent on the particular programs.
Exam/Treatment Cubicle	7.43	80	Two exam/treatment rooms per each FTE provider. Requires room for modalities and carts.
Extremity Whirlpool	3.72	40	Dependent on the particular programs.
Performance Lab	23.23	250	If required, dependent on the particular program.

**DoD Space Planning Criteria for Health Facilities**  
**Orthopedics/Podiatry/Chiropractic/Sports Medicine**

**Functions which are required for Residency Education in Orthopedic Surgery.**

*The following areas must be programmed if the MTF provides an Orthopedic Surgery Residency Program.*

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Orthopedic Surgery Residency	11.15	120	One per director of a Orthopedic Surgery Residency Program.
Secretary to Director with Visitor Writing	11.15	120	One per Director of an Orthopedic Surgery Residency Program, if there is a projected FTE secretary position.
Orthopedic Surgery Residency Coordinator	11.15	120	One per Orthopedic Surgery Residency Program Coordinator if there is a projected FTE.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Residents' Office Space	11.15	120	Minimum. 40 nsf per projected resident.
Orthopedic Surgery Residency Office Library	22.29	240	One per Orthopedic Surgery Residency Program.
Conference Room	37.16	400	One per Orthopedic Surgery Residency Program.
Resident's Examination Room	11.15	120	Two examination rooms for each of the maximum number of residents (all types) at any one time, who see patients in the clinic.
Small Group Counseling Rooms	11.15	120	One per eight Orthopedists and residents.



## DoD Space Planning Criteria for Health Facilities

### Ophthalmology/Optometry Clinic

#### **3.13.1. PURPOSE AND SCOPE:**

This section specifies the space planning criteria for outpatient ophthalmology and optometry clinics.

#### **3.13.2. DEFINITIONS:**

**Ophthalmology Services:** Ophthalmology services are rendered by a physician who provides care dealing with the structure, functions and diseases of the eye, the performing of certain surgical procedures; and the counseling of patients regarding their surgical alternatives and vision needs as related to their occupations, avocations and lifestyle.

**Optometry Services:** These services are provided by an optometrist who provides comprehensive eye health and vision examinations; diagnosis and treatment of eye diseases and vision disorders, the detection of general health problems; the prescribing of glasses, contact lenses, low vision rehabilitation, vision therapy, and medications; the performing of certain surgical procedures; and the counseling of patients regarding their treatment alternatives and vision needs as related to their occupations, avocations and lifestyle.

**Laser Eye Center:** A service that is approved, staffed and equipped to correct vision (i.e. nearsightedness, farsightedness and astigmatism) via surgical procedures, often using lasers (Laser in Situ Keratomileusis [LASIK], Photo Refractive Keratectomy [PRK], Photo Therapeutic Keratectomy [PTK], Radial Keratectomy [RK], or Automated Lamellar Keratectomy [ALK].

#### **3.13.3. POLICIES:**

Each FTE provider is entitled to a maximum of one office and two eye lanes. The eye lanes may be any combination of any of the rooms listed in paragraph 3.13.5 below (i.e. full length eye lanes or folded eye lanes). The combination shall be determined at each facility, but the total number of eye lanes may not exceed two. The provider's office space may either be part of a combined office/eye lane or it may be a separate office.

#### **3.13.4. PROGRAM DATA REQUIRED:**

Is an ophthalmologist programmed?  
 Is an optometrist programmed?  
 Number of eye technicians programmed?  
 Number of nurses programmed?  
 Has this location been designated for laser corrective vision services?  
 Projected clinic visits per year for the optometry service.  
 Projected clinic visits per year for the ophthalmology service.  
 Does the ophthalmology service provide phacoemulsification or extracapsular surgery?  
 Is this a site with an ophthalmology residency program?  
 Will a Laser Eye Center be offered within the clinic, or will it be a stand-alone clinic?  
 How many administrative support staff spaces are needed?  
 Can the laser eye center share eye lanes with other portions of the eye center?  
 Is there a Residency Research Technician?

## DoD Space Planning Criteria for Health Facilities

### Ophthalmology/Optometry Clinic

#### 3.13.5. SPACE CRITERIA:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS			
Clinic Waiting Area		varies	Provide space for 4.0 seats to be in the waiting area for each provider FTE. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped). Note: this waiting area may be divided into smaller waiting areas during the design.
Clinic Reception Station /Control Counter	11.15	120	Minimum. Includes space for 2 technicians. One reception station per clinic.
Patient Toilets		varies	See Section 6.1.
Fundus Camera Room	11.15	120	One per clinic, for two cameras.
Fitting and Dispensing Area	13.00	140	Minimum. Includes 20 nsf for display area for “frame of choice” frames.
	15.79	170	For optometrist staff of 3 to 4. Includes 20 nsf for display area for “frame of choice” frames.
	20.44	220	For optometrist staff of five or more. Includes 20 nsf for display area for “frame of ch frames.
Frame Storage Area	7.43	80	For storage of “frame of choice” material.
Visual Field	11.15	120	One per service (optometry & ophthalmology), i.e. a clinic with both ophthalmology and optometry services will have two visual field rooms.
Vision Screen	11.15	120	One per 2 FTE in each service (optometry & ophthalmology), i.e. a clinic with both ophthalmology and optometry services will have a minimum of two vision screening rooms.
Contact Lens Room	11.15	120	One per clinic.
Eye Lane (Army & Air Force)	17.19	185	2 per each ophthalmologist or optometrist FTE projected. Use this when a 25-ft. eye lane is required.
Eye Lane (Navy)	15.39	170	2 per each ophthalmologist or optometrist FTE projected. Use this when a 24-ft. eye lane is required.
Eye Lane – Folded Electronic	13.01	140	2 per each ophthalmologist or optometrist FTE projected. Use this when virtual image testing is performed.
Combination Eye Lane/Office (Army & Air Force)	21.37	230	2 per each ophthalmologist or optometrist FTE projected. Use this when a 25-ft. eye lane is required, in combination with an office. When this room is used, the FTE is not entitled to an additional separate office.

**DoD Space Planning Criteria for Health Facilities**  
**Ophthalmology/Optometry Clinic**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS (continued)			
Combination Eye Lane/Office (Navy)	20.44	220	2 per each ophthalmologist or optometrist FTE projected. Use this when a 24-ft. eye lane is required, in combination with an office. When this room is used, the FTE is not entitled to an additional separate office.
Combination Eye Lane/Office – Folded Electronic	17.65	190	2 per each ophthalmologist or optometrist FTE projected. Use this when virtual image testing is performed, and used in combination with an office. When this room is used, the FTE is not entitled to an additional separate office.
Ophthalmology Exam	13.01	140	2 per each ophthalmologist or optometrist FTE projected. Used when virtual image testing is performed.
STAFF AND SUPPORT AREAS			
Ophthalmologist/Optometrist Office	11.15	120	One per each FTE projected.
Nurse Managers Office	11.15	120	One per Nurse manager FTE projected.
Nurses’ Work Room	11.15	120	Minimum, if at least 1 FTE assigned. Add 40 nsf for each nurse above 4 assigned to the clinic.
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms.
	13.94	150	If 16-30 exam/treatment rooms.
	16.72	180	If >30 treatment rooms.
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms.
	13.94	150	If > 30 treatment rooms.
Equipment Storage	11.15	120	For up to 15 exam/treatment rooms.
	13.94	150	If 16-30 exam/treatment rooms.
	16.72	180	If >30 treatment rooms.
Conference Room	23.25	250	Minimum. One per clinic unless ophthalmology residency program mission (see Residency Program).
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair storage	5.57	60	One per clinic.
Janitors’ Closet	5.57	60	One janitor’s closet per 10,000 nsf. See Section 6.1.

**DoD Space Planning Criteria for Health Facilities**  
**Ophthalmology/Optometry Clinic**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
TREATMENT AREAS			
Eye Treatment Room	16.26	175	One per clinic.
Laser Treatment Room	16.72	180	One per clinic when ophthalmologist assigned.
Ultrasound Room	11.15	120	One per ophthalmology and/or optometry service.
Large Treatment Room	18.58	200	One per clinic when a minor surgery suite is not authorized.
Minor Surgery Suite			Provide a minor surgery suite in an ophthalmology clinic only if phacoemulsification or extracapsulary surgery procedures are performed. This service may be located in the Surgical Suite.
Operating Room	37.16	400	One per every six providers.
Recovery Room	22.30	240	Minimum 2 bed recovery form for each operating room. Add additional 230 nsf for each O.R. above one.
Recovery Toilet	3.72	40	One per recovery room.
Sterile Supply Room	9.29	100	One per recovery room.
Medi-Prep Room	9.29	100	One per recovery room.
Scrub Room	3.72	40	Minimum of one. One per every 2 O.R's.
Sub Sterilization Room	11.15	120	One per surgery suite.
Nurse Supervisor's Office	11.15	120	One per recovery room.
Nurses' Station	18.58	200	One per recovery room.
Ice Machine	1.86	20	One per recovery room.
Gurney Storage	8.36	90	One per recovery room.
Equipment Storage	46.45	500	One per recovery room.
Laser Eye Center			When an authorized service of this clinic.
Clinic Reception Station /Ctl. Counter	11.15	120	One reception station/clinic, if a free-standing.
PRK/Lasik	26.01	280	One per service.
Prep/Post Op. Room	27.87	300	One per service.
Equipment Sterilization Room	11.15	120	One per service.
Equipment Storage	13.94	150	One per service.
Treatment/Exam Rooms	11.15	120	One per service. Provide a treatment/exam or evaluation room, but not both.
Evaluation Room	22.30	240	One per service. Holds specialized equipment to measure corneas. Provide a treatment/exam or evaluation room, but not both.
Full Length Eye Lanes	21.37	230	4 Eye Lanes per Lasik Room. Determine if this number can be reduced if Laser Eye Center can share Eye Lanes with other functions within the Eye Clinic.
Med. Room	7.43	80	One per service.
Technician Workstation	11.15	120	Minimum. Provide 100 nsf per each additional FTE greater than 1.

**DoD Space Planning Criteria for Health Facilities**  
**Ophthalmology/Optometry Clinic**

**Functions which are required for Residency Education in Ophthalmology:**

These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Ophthalmology Residency	11.15	120	One per director of an Ophthalmology Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of an Ophthalmology Residency Program, if there is a projected FTE secretary position.
Ophthalmology Coordinator	11.15	120	One per Ophthalmology Program Coordinator if there is a projected FTE.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Ophthalmology Resident	5.57	60	Provide one 60 nsf workstation per each assigned resident, FTE.
Ophthalmology Outpatient Records Room		varies	Provide space using the formula for outpatient records in Section 2.5, page 4. Decrease central outpatient records space by the amount programmed for Ophthalmology.
Ophthalmology Office Library	22.29	240	One per Ophthalmology Residency Program.
Ophthalmology Laboratory	5.57	60	One per program.
Conference Room	37.16	400	One per Ophthalmology Residency Program.
Small Group Counseling Rooms	11.15	120	One per eight ophthalmologists and residents.

## DoD Space Planning Criteria for Health Facilities

### Urology

#### **3.14.1. PURPOSE AND SCOPE:**

This section sets forth space planning criteria for the Urology Services in military health care facilities. These services are typically for inpatients and outpatients.

#### **3.14.2. DEFINITIONS:**

**Cystoscopy:** Visual examination of the interior of the bladder by means of a cystoscope.

**Intravenous Pyelogram (IVP):** An IVP (Intravenous Pyelogram) is an X-ray examination of the kidneys. After a plain film (without X-ray contrast) is obtained, the Radiologist injects radio-opaque contrast in a vein. A film is obtained immediately to determine the actual size of the kidneys. After waiting between five and ten minutes, another film is taken to show the collecting system as it begins to empty. Ideally the kidneys, ureters and bladder are all visualized on this film.

**Provider:** A provider in a urology service is a urologist.

**Urodynamics:** Urodynamics refers to a group of diagnostic procedures that are performed to evaluate voiding disorders. The goal of diagnosis and treatment of these disorders is to: (1) protect the kidneys and (2) keep the patient dry.

**Urology:** The branch of medicine concerned with the diagnosis and treatment of diseases (especially by surgical technique) of the urinary tract of both male and female and of the genital organs of the male.

**Video urodynamics:** Video urodynamics requires the availability of the most specialized urodynamic equipment. The digital monitoring systems take video image information from a fluoroscopy unit and provide digital video image, on screen with pressure data. This process allows the physician to visualize events in the lower urinary tract along with pressure, flow and EMG data.

#### **3.14.3. POLICIES:**

**Clinic Composition:** A separate urology clinic will not be programmed if the number of provider FTE's is 2 or less. When staffing does not support a separate clinic, the service may be combined with the general surgery clinic.

**Providers' Examination Rooms:** Each urologist will be provided with two examination rooms.

**Providers' Offices:** Each provider on the staff, who has patient appointments, will be provided a private office.

**Residents' Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

## DoD Space Planning Criteria for Health Facilities

### Urology

**Resident's Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these residents are not necessarily urology residents only, family practice, and internist residency programs may require a rotation in the orthopedic clinic.

#### **3.14.4. PROGRAM DATA REQUIRED:**

Number of providers programmed?

Is there a urology residency program?

Maximum number of FTE residents seeing patients in the clinic at one time?

Number of nurse FTE's projected?

What is the number of urology residents in the teaching program at one time?

Is there a Residency Research Technician assigned?

Are cystoscopies performed in the Operating Room suite, instead of Urology?

## DoD Space Planning Criteria for Health Facilities

### Urology

#### 3.14.5. SPACE CRITERIA:

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>PATIENT AREAS</b>			
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Clinic Waiting Area		Varies	Provide space for 3.0 seats to be in the waiting area for each provider FTE. 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception/Control	13.01	140	Minimum. 140 nsf per every 8 providers.
Provider's Exam Rooms	11.15	120	Two per provider (FTE) programmed
Screening Room	7.43	80	One per clinic.
Patient Toilets		varies	See Section 6.1.

<b>STAFF AND SUPPORT AREAS</b>			
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Provider's Office	11.15	120	One per provider (FTE) programmed.
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Nurse Manager's Office	11.15	120	One per clinic per projected FTE.
Nurse Workroom	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to this clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per provider team.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms.
	13.94	150	If 16-30 exam/treatment rooms.
	16.72	180	If >30 treatment rooms.
Urology Lab	7.43	80	One lab per clinic.
Scope Wash Room	9.29	100	One per urology clinic.
Equipment Storage and Maintenance Room	13.94	150	One per urology clinic.
Soiled Utility Room	11.15	120	One per urology clinic.
Sterile Supply Room	9.29	100	One per urology clinic.
Clinic Conference / Classroom	23.23	250	One per every 8 providers.
Staff Lounge and Lockers		varies	See Section 6.1.
Staff Toilets		varies	See Section 6.1.
Litter and Wheelchair Storage	5.57	60	One per clinic
Janitors' Closet	5.57	60	One janitor's closet per 10,000 nsf. See Section 6.1.



## DoD Space Planning Criteria for Health Facilities

### Urology

#### Cystoscopy with fluoroscopy:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

#### PATIENT AREAS

Outpatient Clinic Cystoscopy – Radiology - <i>recommend digital combination.</i>	27.87	300	See formula at 3.14.6. Minus number of cystoscopy rooms with fluoroscopic and optional urodynamic capability in OR. Locate in one place only: either in OR Section 4.4 or in this Section. Includes x-ray control booth.
Subwaiting	7.43	80	Minimum. Add 40 nsf for each cystoscopy room above one.
Dressing Cubicle	4.83	52	Per cubicle, 1 cubicle per treatment room.
Patient Toilet	5.57	60	1 per cysto. room. See Section 6.1.

#### STAFF AND SUPPORT AREAS

Digital Radiology Reading Room	11.15	120	One when cystoscopy service offered.
Scrub Area	6.50	70	Per every 2 treatment rooms. Provide 1 sink per cystoscopy room.

TREATMENT AREAS			
Treatment Room	14.87	160	One per urology service when one or more urologist FTE projected.
Recovery Room	11.15	120	120 nsf minimum (1 bed). Add 120 nsf for each additional cystoscopy and urology treatment room greater than 2.
Recovery Toilet	5.57	60	One per recovery room. See Section 6.1.
Control and Observation	5.57	60	One per recovery room.

#### Urodynamics:

Urodynamics Exam	14.86	160	Minimum of one per urology clinic. One room per every two Urologist FTEs programmed.
Dressing Cubicle	4.65	50	1 cubicle per 1 per treatment room.
Toilet	5.57	60	1 per treatment room. See Section 6.1.

## DoD Space Planning Criteria for Health Facilities

### Urology

#### **Functions which are required for Residency Education in Urology:**

The following areas must be programmed if the MTF has a Urology Residency Program. These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Residency	11.15	120	One per director of a Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of Residency Program, if there is a projected FTE secretary position.
Coordinator	11.15	120	One per Program Coordinator if there is a programmed FTE.
Resident's Office Space	11.15	120	Minimum. 60 nsf per projected resident.
Residency Library	22.29	240	One per Urology Residency Program.
Residents' Exam Room	11.15	120	Two examination rooms for each of the maximum of residents (all types) at any one time, who see patients in the clinic.
Residency Research Technician	11.15	120	One per program, when there is a programmed FTE position.

#### **3.14.6.: FORMULAS:**

##### **Cystoscopic Room Requirements:**

$$\text{Cystoscopic Rooms} = \frac{(\text{annual urology visits}/52) \times 0.5}{0.6 \text{ proc per hr per room} \times 30 \text{ hr per wk}}$$

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### **3.15.1. PURPOSE AND SCOPE:**

This section sets forth space planning criteria for the Specialty Medical Clinical Services in military health care facilities. Specialty Medical clinics include within this chapter: Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology.

Separate sections provide information on other specialty clinics, as listed below:

<b>Specialty Medical Clinic</b>	<b>Section</b>	<b>Psychiatric Clinics</b>	<b>Section</b>
Allergy/Immunization	3.17	Mental Health/Hygiene	3.18
Dermatology	3.15	Psychiatry	3.18
Endocrinology	3.15	Child Psychiatry	3.18
Gastroenterology	3.15	Clinical Psychology	3.18
Hematology/Oncology	3.15		
Infectious Disease	3.15	<b>Women's Health</b>	<b>Section</b>
Internal Medicine	3.15	OB/GYN	3.6
Nephrology	3.15	Family Planning	3.6
Neurology	3.15		
Rheumatology	3.15	<b>Pediatrics</b>	<b>Section</b>
		Adolescent	3.3
<b>Cardiology/Pulmonary Services</b>	<b>Section</b>	Infectious Disease Pediatrics	3.3
Cardiology	3.16	Well Baby	3.3
Pulmonary	3.16		
<b>Preventative/Occupational Clinics:</b>		<b>Primary Care</b>	<b>Section</b>
Aerospace, Aviation, and	3.4	Clinic of the Future	3.2
Submarine Medicine		Emergency	3.5
Community Health Nursing	3.19	Family Practice	3.1
Industrial Hygiene,	3.19	General Practice	3.1
Environmental and		Physical Examination	3.1
Bioenvironmental Sciences			
Occupational Health/Civilian	3.19	<b>Specialty Surgical Clinics</b>	<b>Section</b>
Employee Health Clinic		Colorectal	3.11
Preventive Medicine	3.19	General Surgery	3.11
		Neurosurgery	3.11
<b>Eye, Ear, Nose &amp; Throat</b>	<b>Section</b>	Orthopedic/Podiatry	3.12
Audiology	3.10	Plastic Surgery	3.11
Ophthalmology/Optometry	3.13	Thoracic Surgery	3.11
Otorhinolaryngology (ENT)	3.10	Pain	3.11
Speech Therapy	3.10	Urology	3.14

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### **3.15.2. DEFINITIONS:**

**Bronchoscopy:** The endoscopic examination and treatment of the tracheobronchial system.

**Dermatology:** The medical specialty concerned with the diagnosis and treatment of diseases of the skin.

**Endocrinology:** The study and treatment of diseases of the endocrine (hormonal) system and its role in the physiology of the body.

**Endoscopy:** Inspection of the interior of a canal or any air or food passage by means of an endoscope.

**Gastroenterology:** The study and treatment of diseases of the digestive system, to include the esophagus, stomach, intestines, pancreas, liver and biliary tracts.

**Hematology:** The study and treatment of diseases of the blood and blood forming tissues.

**Infectious Disease:** A disease (any deviation from or interruption of the normal structure or function of any part, organ or system of the body that is manifested by a characteristic set of symptoms and signs) that is caused by or capable of being communicated by infection (invasion and multiplication of micro-organisms in body tissues). An infectious disease specialist provides consultation and treatment for problems related to viral, bacterial, parasitic or fungal diseases.

**Internal Medicine:** Discipline encompassing the prevention, diagnosis, and nonsurgical treatment of disease in adults.

**Nephrology:** The diagnosis and treatment of the function and diseases of the kidney.

**Neurology:** That branch of medical science, which deals with the nervous system, both normal and in disease. Clinically, that specialty concerned with the diagnosis and treatment of disorders of the nervous system.

**Oncology:** The diagnosis and treatment of cancer, often used in conjunction with the hematology specialty as in "hematology-oncology" or "heme-onc."

**Proctology:** The branch of medicine concerned with the study of the rectum and anus and the treatment of their diseases.

**Provider:** An individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners.

**Rheumatology:** The branch of medicine dealing with rheumatic disorders, their causes, pathology, diagnosis, treatment, etc. Rheumatic disorders are any of a variety of disorders marked by inflammation, degeneration, or metabolic derangement of the connective tissue structures of the body, especially the joints and related structures.

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### **3.15.3. POLICIES:**

**Clinic Composition:** Whenever the workload of any specialty does not support more than two provider FTEs, a separate clinic should not be programmed. Medical specialties that do not justify a separate clinic should be combined into the internal medicine clinic or may be combined into two or three specialty medical services in one clinic. This excludes hematology/oncology clinics, which should not be combined with other clinics.

**Diabetic Care Clinics:** space requirements are determined in a case-by-case study, base on workload.

**Hematology/Oncology Clinic:** Hematology/Oncology clinics will not be combined with other clinics.

**Providers' Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers' Offices:** Each provider on the staff, who has patient appointments, is provided a private office.

**Residents' Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident's Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these resident are not necessarily specialty medical residents only, family practice, and internist residency programs may require a rotation in the orthopedic clinic.

#### **3.15.4. PROGRAM DATA REQUIRED:**

- How many chemotherapy treatments projected for each year?
- Number of providers programmed.
- Distribution of providers by specialty and/or service.
- Distribution of nurse practitioners by specialty or service.
- Maximum number of FTE residents seeing patients in the clinic at one time?
- Is there a Residency Research Technician assigned?
- Provide any medical graduate medical education programs and the number of residents in each.
- Is a Lab required in dermatology?
- Is a treatment room required for endocrinology?
- How many renal dialysis patients are enrolled for treatment?
- How many renal dialysis chairs are required?
- Is a renal specialist programmed?
- Is Neurology/Psych. pediatric testing programmed?
- Is an esophageal Motility Room required in gastroenterology?
- Is a Pharmacist Office required in hematology/oncology?
- Is a Social Work Specialist programmed?
- Is renal dialysis home training provided?
- Is nourishment provided to renal dialysis patients?
- Is a Diabetes Care Clinic required?
- Are there special needs such as patient education?
- Is an Education Nurse programmed?
- How many types of lasers are used?

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### **3.15.5. SPACE CRITERIA:**

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

**Physician's Offices** - Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff will be provided a private office based on the following criteria: (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.).

**Combining functions:** When programming a clinic that includes multiple special procedure rooms that require similar support functions (patient holding, utility rooms and recovery areas), the support areas should be located in such a way that they should be combined as opposed to duplicating the support functions.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
PATIENT AREAS			
Clinic Waiting Area		varies	Provide one per clinic. Provide 3 seats per provider (except dermatology) for the maximum number of providers projected to be working in the clinic at one time. Provide 4 seats per dermatology provider for the maximum number of providers projected to be working in the clinic at one time. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception/Control	13.01	140	One per clinic.
Patient Toilet	5.57	60	See Section 6.1..
Screening, Weights and Measures	7.43	80	One per each 4 providers.
Provider’s Exam Rooms	11.15	120	Two per provider (FTE) programmed. Can be used for Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology providers, when not listed separately below.
Isolation Room	11.15	120	One per clinic, if required for infection control.
Patient Learning Resource Room	11.15	120	One per department. See section 2.2.

**DoD Space Planning Criteria for Health Facilities**  
**Specialty Medical Clinics**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
STAFF AND SUPPORT AREAS			
Provider’s Office	11.15	120	One per provider FTE programmed. Can be used for Dermatology, Endocrinology, Gastroenterology, Hematology/Oncology, Infectious Disease, Internal Medicine, Nephrology, Neurology, and Rheumatology providers, when not listed separately below.
Nurse Manager’s Office	11.15	120	One per provider FTE programmed.
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Nurses’ Workstation	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per FTE programmed.
Advice Nurse(s) Area	9.29	100	Minimum when one advice nurse FTE programmed. Add 60 nsf per each additional FTE programmed.
Education Nurse	11.15	120	One per FTE programmed.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms
	13.94	150	If 16-30 exam/treatment rooms
	16.72	180	If >30 treatment rooms
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms
	13.94	150	If > 30 treatment rooms
Equipment Storage	9.29	100	1 per clinic
Conference Room(s)	23.23	250	One per every 8 provider FTEs.
Literature Forms and AV Storage	9.29	100	One per department.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Toilets Public and Staff		varies	See Section 6.1.
Litter and Wheelchair storage	5.57	60	One per clinic.
Janitors’ Closet	5.57	60	One janitor’s closet per 10,000 nsf. See Section 6.1.

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>TREATMENT AREAS</b>			
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Treatment Room -general purpose	16.26	175	Minimum one. One per 6 providers. Can be used for Endocrinology, Infectious Disease, Internal Medicine, Nephrology, and Neurology providers, when not listed separately below.
Treadmill/Stress Test Room	20.44	220	Minimum. One for internal medicine when there is not a separate cardiology service.
Electrocardiogram (EKG) Testing Room	11.15	120	Minimum. One per clinic, when not listed separately below.
EKG Work Room	7.43	80	One per EKG Testing Room.
Dressing Cubicle	4.65	50	One per multi-station EKG area.

<b>Dermatology:</b>
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<b>STAFF AND SUPPORT AREAS</b>			
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Dermatology Laboratory	5.57	60	One per clinic.
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<b>TREATMENT AREAS</b>			
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Treatment Room -Dermatology	16.26	175	Minimum of one. One room per every 2 providers.
Outpatient Dermatology/Cryotherapy	11.15	120	Minimum of one room, 175 nsf when dermatologist FTE projected. Add a second room when 3 or more dermatologists FTEs projected.
Outpatient Dermatology, Ultraviolet Booth	11.15	120	Minimum of one when a dermatologist FTE projected. Add additional booth when more than five dermatologists.
Laser Treatment Room	11.15	120	One treatment room per each type of laser.

<b>Gastroenterology :</b>
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<b>STAFF AND SUPPORT AREAS</b>			
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Clean Equipment Room	11.15	120	Minimum of one. Add an additional 60 nsf for each procedure room above two.
Scope Wash Room	11.15	120	One per clinic.
Dedicated Janitor's Closet	5.57	60	One per clinic in support of special procedure room(s).



**DoD Space Planning Criteria for Health Facilities**  
**Specialty Medical Clinics**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
Gastroenterology (Continued) :			
TREATMENT AREAS			
Digital Fluoroscopic Room	27.87	300	One per gastroenterologist FTE projected. Determine if this will be located in this clinic or in Radiology.
Dedicated Toilet	5.57	60	One per fluoroscopy room.
Dedicated Dressing Cubicle	4.65	50	One per fluoroscopy room.
Fluoroscopy Waiting Area	5.57	60	Minimum. Add 40 nsf for each fluoroscopy room greater than one.
Image Reading Room	11.15	120	One per clinic when any imaging capability included in the facility.
Treatment Room, Proctoscopic Exam Room	22.30	240	One per proctologist FTE projected.
Dedicated Toilet	5.57	60	One per proctoscopic room.
Dedicated Dressing Cubicle	4.65	50	One per protoscopic room.
Treatment Room, Endoscopy Room	26.01	280	One per gastroenterologist FTE provider.
Dedicated Toilet	5.57	60	One per endoscopic room.
Dedicated Dressing Cubicle	4.65	50	One per endoscopic room.
Endoscopy Sub Waiting Area	5.57	60	Minimum. Add 40 nsf for each endoscopy room above one.
Recovery Room/Pre-Op Patient Holding	22.30	240	Minimum (2 cubicles). Add 120 nsf for each additional procedure room.
Patient Toilet	5.57	60	One per Recovery Room/Pre-Op room.
Control/Observation Area	55.7	60	One per Recovery Room/Pre-Op room.
Esophageal Motility Study Room	13.01	140	One per clinic when more that one gastroenterologist FTE projected. Ensure that the concept of operation for the MTF is to accomplish Esophageal Motility Studies in the clinic and not in Radiology.

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### Renal Dialysis Unit:

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

#### PATIENT AREAS

Waiting Area	13.01	140	Minimum. Provide 2 seats per each renal dialysis station.
Clinic Reception Station/Control Counter	11.15	120	One per renal dialysis unit.
Patient Belongings Storage	7.43	80	Minimum.
Exam Room	11.15	120	One per each FTE provider programmed.
Renal Dialysis Station, Chair	11.15	120	1 station (chair) per every seven patients enrolled in renal dialysis. (See formula at 3.15.6).
Patient Toilet	5.57	60	One in association with dialysis station area.
Renal Dialysis Home Training Room	11.15	120	1 per unit, if home training is provided.
Examination/Peritoneal Dialysis Room	11.15	120	1 per unit.

#### STAFF AND SUPPORT AREAS

Nurses' Workstation	11.15	120	One per renal dialysis unit.
Unit Directors Office	11.15	120	One per renal dialysis unit.
NCOIC/LCPO/LPO Office	11.15	120	One per renal dialysis unit.
Dietician	11.15	120	One per clinic, if FTE programmed.
Pharmacist	11.15	120	One per clinic, if FTE programmed.
Social Work Services	11.15	120	One per clinic, if FTE programmed.
Nourishment Room	11.15	120	1 per unit, when nourishment is provided to patients.
Renal Studies Laboratory	11.15	120	One per clinic when a renal specialist FTE is projected.
Medication Preparation/Dispensing Room	7.43	80	One per renal dialysis unit.
Supply Storage Room	7.43	80	Minimum. Provide 40 nsf for each additional renal dialysis treatment station above two.
Clean Work Room	14.86	160	One per renal dialysis unit. Includes clean linen storage.
Soiled Utility Room	11.15	120	One per renal dialysis unit.
Reprocessing room	9.29	100	One per clinic, only if dialyzers are re-used.
Water treatment/concentrate room	11.15	120	Minimum. Add 30 nsf for each additional chair greater than four.
Dedicated Storage	5.57	60	For home healthcare information/equipment. Add 15 nsf for each additional chair greater than four.
Nurses' Work Area	5.57	60	Minimum. Add 20 nsf for each nurse above 4 assigned to this department.

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### **Renal Dialysis Unit (Continued):**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
PATIENT AREAS (Continued)			
Staff Toilet	5.57	60	See Section 6.1..
Litter and Wheelchair Space	1.86	20	One per renal dialysis unit.
Dedicated Janitor’s Closet	5.57	60	One per renal dialysis unit.

#### **Rheumatology:**

Treatment Room	16.26	175	One per clinic. At Medical Centers only.
Infusion Therapy Area	22.30	240	2 chairs per clinic if FTE provider programmed. 120 nsf per chair. Add two chairs (120 nsf each) for each additional provider greater than 1. May be shared with dialysis and/or chemotherapy. At Medical Centers only.
Synovial Fluid Analysis Room	11.15	120	At Medical Centers only. One per clinic. Note: this space can be combined with in the Renal Dialysis Lab or the Chemotherapy area.

#### **Neurology:**

Electromyography (EMG) Room	11.15	120	One per clinic when a neurologist FTE projected.
EMG Work Area	7.43	80	One per EMG Room.
EEG Testing Room	11.15	120	One room for when one neurologist FTE programmed. Two rooms for up to three neurologist FTEs programmed.
EEG Work Room	7.43	80	One for every EEG Testing Rooms.

#### **Treatment/Procedure Support (For areas without dedicated support):**

Recovery Room/Pre-Op Patient Holding	22.30	240	Minimum (2 cubicles) for procto., endo. or fluoro. procedure room. Add 120 nsf for each additional procedure room.
Patient Toilet	5.57	60	One per Recovery Room/Pre-Op room.
Control/Observation Area	5.57	60	One per Recovery Room/Pre-Op room.
Dressing Cubicle	4.65	50	One per every treatment/procedure room.

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

<b>Hematology/Oncology Clinic</b>			<b>This is a separate clinic, and is not to be combined with other clinics.</b>
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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>PATIENT AREAS</b>			
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Clinic Waiting Area		varies	Provide one per clinic. Provide 2 seats per each treatment room, exam room and chemo. treatment station. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting).
Reception/Control	13.01	140	One per clinic.
Patient Toilet	5.57	60	See Section 6.1.
Screening, Weights and Measures	7.43	80	One per each 4 providers.
Provider's Exam Rooms	11.15	120	Two per provider (FTE) programmed.
Counseling/Consult Room	11.15	120	One per clinic.

<b>STAFF AND SUPPORT AREAS</b>			
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Provider's Office	11.15	120	One per provider FTE programmed..
Nurse Manager's Office	11.15	120	One per provider (FTE) programmed.
Nurses' Workstation	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to the clinic.
NCOIC/LCPO/LPO Office	11.15	120	One per provider team.
Tumor Registry	11.15	120	One per clinic. See also section 3.11. Provide only one for both departments.
Pharmacist's Office	11.15	120	One office per pharmacist FTE programmed.
Nurse Practitioner's Office	11.15	120	One office per nurse practitioner FTE projected.
Social Worker's Office	11.15	120	One per social worker FTE projected.
Social Work Specialist Office	11.15	120	One per social work specialist FTE projected.
Group Therapy Room	18.58	200	One per oncology service.
Clean Utility Room	11.15	120	For up to 15 exam/treatment rooms
	13.94	150	If 16-30 exam/treatment rooms
	16.72	180	If >30 treatment rooms
Soiled Utility	8.36	90	For up to 15 exam/treatment rooms.
	11.15	120	If 16-30 exam/treatment rooms
	13.94	150	If > 30 treatment rooms
Chemo Medication Prep Room	11.15	120	One if pharmacist assigned (one FTE).
	5.57	60	One if no full time pharmacist assigned.
Supply Storage Room	9.29	100	One per clinic.
Staff Toilet	5.57	60	See Section 6.1.
Litter and Wheelchair Storage	5.57	60	One per clinic.

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m²	nsf	
<b>TREATMENT AREAS</b>			
Chemotherapy Treatment Room	27.87	300	Minimum (3 stations). One per oncology service, add 100 nsf for each 1,000 additional annual chemotherapy treatments above 4,000.
Treatment Room, Hem/Onc.	16.26	175	One per provider FTE programmed.
Holding Area	22.30	240	Minimum (3 reclining chairs with chairs for escorts). Add additional 80 nsf for each 2 chemotherapy treatment station in excess of three.
Holding Area Toilet	5.57	60	One per Chemotherapy Holding Area.

#### **Functions which are required for Residency Education in a Specialty Medical Clinics:**

The following areas must be programmed if the MTF provides a medical specialty Residency Program. These areas are in addition to those listed under common areas above.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
Director of Residency	11.15	120	One per director of a Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Specialty Medical clinic Residency Program, if there is a projected FTE secretary position.
Coordinator	11.15	120	One per Specialty Medical clinic Program Coordinator if there is a projected FTE.
Resident's Office Space	11.15	120	120 nsf minimum. Plus 60 nsf per each additional resident over 2.
Residency Research Technician	11.15	120	One per program, when there is a projected FTE position.
Residency Library	22.29	240	One per Specialty Medical clinic Residency Program.
Conference Room	37.16	400	One per Specialty Medical clinic Residency Program.
Residents' Exam Room	11.15	120	Two examination rooms for each of the maximum of residents (all types) at any one time, who see patients in the clinic.

## DoD Space Planning Criteria for Health Facilities

### Specialty Medical Clinics

#### **3.15.6 FORMULAS:**

Programming of renal dialysis stations – the criteria for 1 station (chair) per every seven patients enrolled in renal dialysis was based on the following assumptions:

- 1) Assume a 12-hour day, six- day week.
- 2) Assuming the 12-hour day, 3 patients per day will be served.
- 3) If an 8-hour day is used, only 2 patients per day can be served.
- 4) Patients typically require 2.5 to 3.5 hours per dialysis and 80% of patients require dialysis 3 times a week, while 20% require dialysis 4 times a week.

If any of these assumptions if different than the actual renal dialysis operation, the criteria should be altered accordingly.

## DoD Space Planning Criteria for Health Facilities

### Cardiology/Pulmonary Services

#### **3.16.1. PURPOSE AND SCOPE:**

This section sets forth space planning criteria for the Cardiology/Pulmonary Services in military health care facilities. These services are typically for inpatients and outpatients.

#### **3.16.2. DEFINITIONS:**

**Cardiology:** The study of the heart and its functions.

**Pulmonology:** The science concerned with the anatomy, physiology, and the pathology of the lungs.

**Provider:** A “provider” in a cardiology/pulmonary service is an individual, who examines, diagnoses, treats, prescribes medication and manages the care of patients within their scope of practice as established by the governing body of a healthcare organization. Providers are pulmonologists, cardiologists, respiratory therapists, physicians, physician's assistants and clinical nurse practitioners.

**Rotating Resident:** A rotating resident is one from any graduate medical education specialty program (internal medicine, pediatrics, surgery, family practice, etc.) who, in the course of his or her education, must spend time in the services of another specialty. For example internal medicine residents are required to “do a rotation” in the cardiology/pulmonary service.

#### **3.16.3. POLICIES:**

**Clinic Composition:** A separate cardiology/pulmonary clinic will not be programmed if the number of provider FTEs is 2 or less. When staffing does not support a separate clinic, the service may be combined with internal medicine. Cardiology and pulmonary clinics may be separate clinics at larger facilities.

**Providers’ Examination Rooms:** Each provider will be provided with two examination rooms.

**Providers’ Offices:** Each provider on the staff, who has patient appointments, will be provided a private office.

**Residents’ Office Space:** Private office space will not be programmed for graduate medical education residents. Residents who are in a graduate medical education program studying to become a specialist in the service being programmed, will be provided with shared office space of 60 nsf per resident in the program. An office for a rotating resident may be programmed in the clinic for residents who see patients.

**Resident’s Office/Examination Rooms:** Additional office and examination room space may be programmed into a clinic to provide space for “rotating residents” to see patients. A resident during his or her rotation in the clinic will use this space when they see patients as walk-ins or on appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. Note: these resident are not necessarily cardiologist residents only, family practice and internist may require a rotation in the orthopedic clinic.

## DoD Space Planning Criteria for Health Facilities

### Cardiology/Pulmonary Services

#### **3.16.4. PROGRAM DATA REQUIRED:**

##### **Cardiology:**

Number of cardiologist FTEs projected?  
 Maximum number of FTE residents seeing patients in the clinic at one time?  
 Number of nurses FTEs projected?  
 Is there a cardiology residency program?  
 Is there a Residency Research Technician assigned?  
 What is the maximum number of “rotating residents” that will be working in the clinic at any one time?  
 Number of FTE cardiologist(s) programmed.  
 Is a Stress Echo. room required?  
 Is a Transesophageal Echo. Room required?  
 Is an Ultrasound Room required?  
 Is there a treadmill room?  
 Is there a treadmill room?  
 Is a Cardiac Cath. Lab authorized?  
 Is a Pacemaker Room required?  
 What type of Cardiac Cath. ADP computer equipment is required?  
 Average number of outpatient EKG tests per week.

##### **Pulmonology:**

Number of pulmonologist FTEs projected?  
 Number of respiratory therapist FTEs projected?  
 Maximum number of FTE residents seeing patients in the clinic at one time?  
 Number of nurses FTEs projected?  
 Is there a pulmonary residency program?  
 Is there a Residency Research Technician assigned?  
 What is the maximum number of “rotating residents” that will be working in the clinic at any one time?  
 Is an Blood Gas Analysis trained technician programmed?  
 Average number of Inhalation treatments per week?  
 Is there a Pulmonary Function Lab?  
 Is there a Sleep Studies Room?  
 Is there a Home Care Coordinator?  
 Is a bronchoscopy procedure performed in this clinic or in the OR?



## DoD Space Planning Criteria for Health Facilities

### Cardiology/Pulmonary Services

#### **3.16.5 SPACE CRITERIA:**

**Toilets, Lounges and Locker Areas:** The criteria for toilets, lounges and locker rooms is provided in a separate section, Section 6.

**Administrative Offices:** The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for administration in Section 2.1.

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	
PATIENT AREAS			
Clinic Waiting Area		Varies	Provide 5 seats per provider for the maximum number of providers projected to be working in the clinic at one time, 16 nsf for 60% of the seats and 25 nsf for 40% of the seats (handicapped waiting).
Reception/Control Counter	13.01	140	Minimum. 140 nsf per every 8 providers.
Provider’s Exam Rooms	11.15	120	Two per provider (FTE) programmed.
Patient Education Room	20.90	225	One per clinic.
Patient Toilet		varies	See Section 6.1.
STAFF AND SUPPORT AREAS			
Administrative Office		varies	Refer to Chapter 2.1. Provide if full time administrative support programmed.
Provider’s Office	11.15	120	One per provider (FTE) programmed.
Respiratory Technician Work Room	5.57	60	Minimum. 60 nsf per each technician.
Nurse Manager’s Office	11.15	120	One per clinic per programmed FTE.
NCOIC/LCPO/LPO Office	11.15	120	One per clinic.
Clinic Conference / Classroom	23.23	250	One per clinic. Provide one each, if Cardiology and Pulmonology are two separate clinics.
Staff Lounge		varies	See Section 6.1.
Staff Lockers		varies	See Section 6.1.
Clean Utility Room	11.15	120	One per clinic.
Soiled Utility Room	8.36	90	One per clinic.
Nurses’ Workroom	11.15	120	Minimum. Add 40 nsf for each nurse above 4 assigned to clinic.
Litter and Wheelchair Storage	5.57	60	One per clinic.
Janitor’s Closet	5.57	60	One janitor’s closet per 10,000 nsf. See Section 6.1.

## DoD Space Planning Criteria for Health Facilities

### Cardiology/Pulmonary Services

<b><u>CARDIOLOGY CLINIC</u></b>			<b>Cardiology and pulmonary clinics may be separate clinics at larger facilities. Must have a minimum of two cardiologist FTE projected.</b>
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<b>PATIENT AREAS</b>			
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Screening, Weights and Measures	7.43	80	One per each 4 providers.
Patient Education Room	11.15	120	One per clinic.
Outpatient Electrocardiogram (EKG) Testing	11.15	120	Minimum. Total number of rooms may be more. See formula in Section 3.16.6.
Stress Echocardiograph Room	26.94	290	1 per Cardiology clinic, if required.
Echocardiograph Room	13.01	140	One room per every 1000 echoes performed annually.
Echocardiograph Reading Room, 2 station	11.15	120	One room per every two echocardiograph rooms.
Transesophageal Echo. Room	20.44	220	One per clinic if transesophageal echo. procedures performed. May collocate with Cardiac Cath. Area.
Observation Area	5.57	60	One per transesophageal echo. room.
Recovery Area	11.15	120	One per transesophageal echo. room.
Ultrasound Room	15.33	165	One, if part of the concept of operation and if qualified technician or qualified physician (FTE) programmed.
Tilt Table Testing Room	11.15	120	1 per clinic.
Pacemaker, ICD Interrogation Room	11.15	120	1 per clinic.
Outpatient Treadmill Room	20.53	220	Minimum of one per Cardiology clinic when cardiologist is programmed. Provide second room when more than 1000 echoes performed annually.
Holter Monitor Room	11.15	120	1 per Cardiology clinic when cardiologist is programmed.
Holter Monitor Equipment Room	9.29	100	1 per Holter Monitor Room.

<b>STAFF AND SUPPORT AREAS</b>			
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Case Manager Office	11.15	120	One per manager (FTE) programmed.
Records Storage Room	9.29	100	One per clinic. Provide an additional 40 nsf if records are not maintained on CD or video format.
EKG Work Area and Records	11.15	120	Minimum. One per clinic, add 10 NSF for each EKG room in excess of one.
Scope Cleaning Work Room	9.29	100	One per transesophageal echo. room.
Pacemaker Equipment Storage	5.57	60	1 per pacemaker room.
Equipment Storage	11.15	120	1 per clinic.
Litter and Wheelchair Storage	5.57	60	One per clinic.

**DoD Space Planning Criteria for Health Facilities**  
**Cardiology/Pulmonary Services**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

**CARDIOLOGY CLINIC (continued):**

<b><u>CARDIAC CATHETERIZATION (CATH.) LAB</u></b>	<b>Must have a minimum of one cardiologist FTE projected.</b>		
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<b>PATIENT AREAS</b>			
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Cardiac Cath. Exposure Room	54.72	590	Two rooms when any cardiologist FTE projected.
Cardiac Cath. Control Room	14.30	150	One per exposure room.
Scrub Area	7.43	80	One per exposure room.
Cardiac Cath. ADP Equipment Room	12.54	135	Minimum of one, 1 per every 2 exposure rooms.
Recovery Room	22.30	240	240 minimum(2 beds) Add 120 for each additional cath. exposure room.
Recovery Room Toilet	5.57	60	One per recovery room.
Dedicated Janitor's Closet	5.57	60	One per cath. lab.
Recovery Control Station	5.57	60	One per recovery room.

<b>STAFF AND SUPPORT AREAS</b>			
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Physicians' Workroom	11.15	120	1 per Cardiac Cath. Lab.
Staff Locker Room:			Required due to sterile requirements.
Male:	9.29	100	One per Cath. Lab. See Section 6.1.
Female:	9.29	100	One per Cath. Lab. See Section 6.1.
Film Viewing Room	18.58	200	One per exposure room, 1 room.
Film Storage	9.29	100	One per exposure room, 1 room.
Equipment Prep Room	9.29	100	One per 2 exposure rooms.
Equipment Cleanup / Soiled Utility Room	7.43	80	Minimum one, 1 per two exposure room.
Instrument Room	9.29	100	One per 2 exposure rooms.
Sterile Supply / Clean Work Room	9.29	100	One per cath. lab.

## DoD Space Planning Criteria for Health Facilities

### Cardiology/Pulmonary Services

<b>PULMONARY CLINIC</b>	Cardiology and pulmonary clinics may be separate clinics at larger facilities. Must have a minimum of one pulmonologist FTE projected. Provide with respiratory therapist FTEs projected.
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FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>PULMONARY FUNCTIONS</b>			
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Outpatient Respiration Therapy (Inhalation Cubicles)	13.94	150	Minimum: will accommodate up to two cubicles. See formula in Section 3.16.6. below.
Home Care Coordinator Office	11.15	120	One per respiratory treatment service
Equipment Prep. Cleaning Area	13.94	150	Minimum; plus 10 nsf per treatment cubicle. Maximum: 200. 1 per clinic.
Equip. Storage & Maintenance Area	13.94	150	Minimum; plus 10 nsf per treatment. Cubicle. 1 per clinic.
Gas Cylinder Storage	2.79	30	One per clinic.
Ventilator Storage	9.29	100	Minimum or 10 nsf per ventilator.

<b>PULMONARY FUNCTION LAB</b>			
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Outpatient Pulm. Function Analyzer	11.15	120	One per lab.
Flow Volume Loop	9.29	100	One per lab.
Automated Pulmonary Function	9.29	100	One per lab.
Pulmonary Function Analyzer Room	11.15	120	One per lab. Includes a Body Box.
Blood Gas Analysis Room	9.29	100	One per pulmonary function lab, if a qualified Blood Gas Anal. Lab tech. FTE programmed.
Treadmill Room	23.23	250	One per pulmonary function lab.
Pulmonary Lab. Equipment Storage	9.29	100	Per cubicle. 1 per respiratory treatment area.
Spirometry Studies	9.29	100	one per pulmonary functions lab.

<b>SLEEP STUDIES SUITE</b>			Verify if required.
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Sleep Studies Room	9.29	100	One per pulmonary function lab.
Sleep Studies Monitoring Room	11.15	120	For equipment. One per sleep studies room.
Dedicated patient toilet		varies	One per sleep studies room. See Section 6.1.

## DoD Space Planning Criteria for Health Facilities

### Cardiology/Pulmonary Services

#### **PULMONARY CLINIC (Cont'd)**

FUNCTION	AUTHORIZED		PLANNING RANGE/COMMENTS
	m <sup>2</sup>	nsf	

<b>BRONCHOSCOPY SUITE</b>			<b>Verify if procedures performed in OR. Do not locate in both areas.</b>
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Bronchoscopy Procedures Room	13.94	150	One per clinic, when pulm. FTE projected.
Recovery Room	11.15	120	One per clinic.
Dedicated Patient Toilet	5.57	60	One per recovery room. See Section 6.1.
Control/Observation Area	5.57	60	One per recovery room.
Scope Wash Room	9.29	100	One per bronchoscopy suite.

#### **TREATMENT AREAS**

Toilet with Shower	7.43	80	1 per treadmill room and 1 per stress echo. room.
Dressing Cubicle	4.65	50	Minimum per cubicle. One cubicle per Phonocardio, one per Echocardiography Room, 1 per Treadmill room.

#### **Functions which are required for Residency Education in Cardio/Pulmonary:**

The following areas must be programmed if there is a Cardiology or Pulmonary Residency Program. These areas are in addition to those listed under common areas above.

Director of Residency	11.15	120	One per director of a Cardio/Pulmonary Residency Program.
Secretary to Director with visitor waiting.	11.15	120	One per Director of a Cardio/Pulmonary Residency Program, if there is a projected FTE secretary position.
Residency Research Technician	11.15	120	One per program, when there is a programmed FTE position.
Coordinator	11.15	120	One per Cardio/Pulmonary Program Coordinator if there is a projected FTE.
Resident's Office Space	11.15	120	Minimum, 60 nsf per projected resident.
Residency Library	22.29	240	One per Cardio/Pulmonary Residency Program.
Conference Room	37.16	400	One per Cardio/Pulmonary Residency Program.
Resident's Exam Room	11.15	120	Two examination rooms for each of the maximum of residents (all types) at any one time, who see patients in the clinic.

**DoD Space Planning Criteria for Health Facilities**  
**Cardiology/Pulmonary Services**

**3.16.6. FORMULAS:**

**EKG Room Requirements:**

EKG Rooms =  $\frac{\text{EKG tests/week}}{2 \text{ tests per hour} \times 35 \text{ hours per week}}$

**Inhalation Cubicle Requirements:**

Cubicles =  $\frac{\text{Treatments per week}}{2 \text{ treatments per hour} \times 35 \text{ hour per week}}$